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ABSTRACT

This Kids Count report is the sixth to examine statewide trends and county data on the well-being of Nebraska's children. The bulk of this statistical report presents findings on 32 indicators of well-being in 8 areas: (1) child abuse and neglect/domestic violence, including abuse fatalities and serious injuries; (2) early childhood care and education, including Head Start enrollment, child care availability, and child care subsidies; (3) economic well-being, including poverty rates, divorces and child support, and families receiving cash assistance; (4) education, including high school graduation rates, school expulsion, and special education students; (5) physical and behavioral health, including low birth weight, prenatal care, teen birth rate, infant and child mortality, immunizations, teen suicide, and teen drug use; (6) juvenile justice, including juvenile arrests and numbers committed to youth rehabilitation and treatment centers; (7) nutrition, including numbers receiving food stamps, free or subsidized school lunches, and summer food programs; and (8) out-of-home care, including foster home availability. The report combines statistical data, the findings of impact studies, and policy information related to indicators of well-being. Statewide statistical data are reported as well as for each county. The report's findings indicate that since 1985, Nebraska has seen fewer substantiated child abuse cases, with a slight increase in the number of cases investigated. Fewer than half the eligible children have access to a Head Start program. The number of families receiving cash assistance is at its lowest point since 1985. The high school dropout rate is at 17.8 percent. The report also describes the methodology and data sources. Contains 35 references. (KB)

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1998 REPORT

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In Nebraska

kids count in Nebraska

A Publication of
Voices for Children in Nebraska

Aileen, Alexandria, Thomas Jr., Jessica, and Thomas Sr. – Ron Roth, photographer

Kids Count is a national and state-by-state effort sponsored by the Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. It is accomplished in collaboration with numerous agencies in Nebraska which maintain important information about child well-being. The Kids Count Technical Team is comprised of data representatives from each of those agencies who not only provide us with information from their databases but advise us on the positioning of their data in relation to other fields of data. We could not produce this report without their interest and cooperation. ***Kids Count in Nebraska,*** sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's sixth report.

*Additional copies of the **1998 Kids Count in Nebraska** report as well as 1993, 1994, 1995, 1996 and 1997 reports, are available for $10.00 each from:*

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Commentary '98

Where Can the Data Take Us . . .

As we release our sixth *Kids Count Report*, it seems useful to discuss the goals and aims of this project. The Annie E. Casey Foundation funds *Kids Count*. The goal of this project is to collect and disseminate reliable, credible information about the well-being of Nebraska's children. Policy makers, program staff and others can then utilize this information in order to positively impact children and youth in a variety of ways.

Data collection is a useful first step in helping our youth and planning for their future. Later, it is an important evaluative step in measuring changes that positively impact children and youth. We need to know if we are indeed headed in the right direction. Examples of research and evaluation include:

- The Head Start Program was a part of the War on Poverty born out of the acknowledgement that children who grew up in poverty experienced a variety of poorer outcomes than their more middle class peers. Later evaluation of Head Start demonstrated that program participation led to improved outcomes for many children and youth who participated in their preschool years.

- The discovery of the relationship of folic acid deficiency to a class of birth defects known as neural tube defects (including spina bifida and anencephaly) has the potential to reduce the rate of this particular group of neurological disorders.

- The Australian research linking sleep position to SIDS (Sudden Infant Death Syndrome) rates and the subsequent re-education of infant caretakers worldwide has decreased infant deaths from SIDS.

In each example we were able to effect positive change for children by noting a problem, designing an intervention, tracking program elements and evaluating their effectiveness. The role of the *Kids Count* project is to help Nebraskans determine where to focus our efforts. From early development to adolescence, let's review areas where programmatic changes might make an impact.

Critical or Sensitive Periods

Early childhood is defined as the period of a child's life from birth through age eight. The earliest years of development have often been identified as a "critical" or "sensitive" period of development. Certainly great damage can occur to a very young child physically and psychologically due to inappropriate care in the early childhood years. Additionally, some problems are most effectively (in terms of outcome) and most efficiently (in terms of cost) resolved in the early years. It is important to not lose sight of the fact that all children in the developmental period (through age 21 or 23 depending on the expert) are in a "sensitive" and "critical" stage of development. If the early issues are not handled well the development that is supposed to follow is less likely to be maximally achieved and a child's entire developmental course can be permanently, negatively altered. However, a balanced perspective is necessary in order to distribute resources appropriately and to not give up hope on older children whose needs may indeed seem hopeless. The 14-year-old girl who is raped is also in need of effective care. The 15-year-old who becomes unwittingly addicted to alcohol needs help, not just condemnation.

Early Brain Development

Recent brain research has confirmed what parents have always known. In order for children to reach their full intellectual potential they must have a rich and appropriate array of stimulating experiences. Despite the fact that the brain's neurons are entirely formed at birth, the brain is far from fully developed and experiences make the difference. Neurons differentiate and become "hard wired" to handle certain types of material and information. It is this "differentiation" process that can be influenced both to the good and for ill. An infant who is rarely held, played with, or talked to can develop a brain that is as much as 20% to 30% smaller than normal for children their age. Children who are abused or who witness violence when young may become hard wired to spend their attention watching for the threat of violence.[1]

Class Size

Research suggests that substantial reductions in class size produce modest improvements in student achievement, with the effects being greatest for low-income and minority students. A reduction in class size for Kindergarten through 3rd grade to 15-20 students can result in 5-8% more children testing at or above grade level.

Impact of Violence/Emotional Literacy

As reported in the Child Abuse section, last year in Nebraska 1,734 children were substantiated to have experienced abuse. Another 51,000 children reported to have witnessed violence in their homes. Each of these children is at risk to have a greater incidence of drug abuse, delinquency, and school failure. As adults they are more likely to abuse their own children, divorce, and suffer emotional distress. Many of these problems can be linked to greater relationship, emotional, and coping difficulties among children who have been exposed to violence.[2]

Many schools across the nation are recognizing the need for social competency or emotional literacy training and incorporating curriculum and management plans to include these most basic of all human skills. These skills include problem solving, conflict resolution, interpersonal skills, anger management, and empathy training. An emphasis on social and emotional development can have far reaching effects for long-term stability and growth.

Media violence continues to contribute to children's propensity to use violence to resolve their interpersonal problems.[3] The right to freedom of expression has somehow taken priority over the need to protect our children from negative influences.

Juvenile Delinquency

Kids Count 1997 raised the issue of effective treatment of juvenile offenders. Juvenile delinquency treated by incarceration or residential treatment alone is not scientifically supported as an effective means of reducing juvenile offenders' behavior difficulties. Newer research suggests earlier and more intensive in-home treatment programs.[4] Some communities have experienced success with diversion programs and community-based services for first time offenders.

Teen Alcohol and Drug Use

Alcohol and drug use among teens is troubling in its own right. Add to that the fact that when under the influence of alcohol and drugs, teens (and adults for that matter) are more likely to engage in unprotected sex, violent behavior, and reckless driving. Alcohol and other drugs are dangerous for adults, but especially dangerous to developing brains. The brain is not fully developed until a youth reaches his/her early 20s. Binge drinking and drug use negatively impact both the immediate behavior of youth and also may affect brain development permanently. Particularly worrisome is the perception by many youth that some substances, such as inhalants, are less problematic because they are legal to buy.

Teen Pregnancy: Alcohol, Tobacco and AIDS

Children born to teen parents are more likely to experience health problems and poverty. Alcohol, the drug of choice for many teens, is a common negative prenatal influence that creates lifelong problems for exposed fetuses.

Cigarette smoking is a habit developed in teen years. Yet when adults who smoked were surveyed, 70% wished they could quit. The health costs of cigarette smoking are only now beginning to be calculated. Beginning with fetal development, smoking increases the chance of low birth weight and premature births. In childhood, secondhand smoke increases the rate of SIDS deaths, respiratory infections, allergies, and asthma.[5]

AIDS is an ever-increasing problem for youth. Because of their unique cognitive style, (adolescents have a cognitive set that causes them to see themselves as invulnerable to many things) adolescents are at higher risk for contracting HIV than any other age group. They are also less likely to be tested, and, therefore, more likely to pass HIV on unwittingly both to sexual partners and to unborn babies.[6] The Center for Disease Control (CDC) notes that with proper medication for HIV the rate of an infected mother passing the infection on to an unborn child can be reduced by two-thirds.[7]

Program Factors that Work

The most effective programs to date for children have been programs that included the family in respectful and empowering ways. These programs were at the same time suited to the community and culture of its recipients. The vast majority of parents want to help their children to be healthier, happier and better educated. Parents have increasingly more challenges in their roles as parents. And, if history is a good predictor of money well-spent programmatically, then perhaps we should be looking at ways to help parents be better parents and to help families and communities be stronger support systems for children and youth.

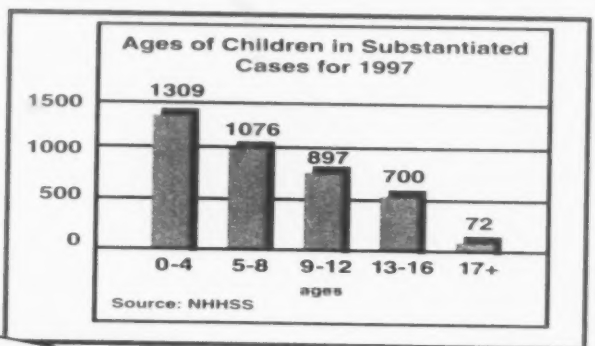
Dr. Susan Cassatt, Research Coordinator
Voices for Children in Nebraska

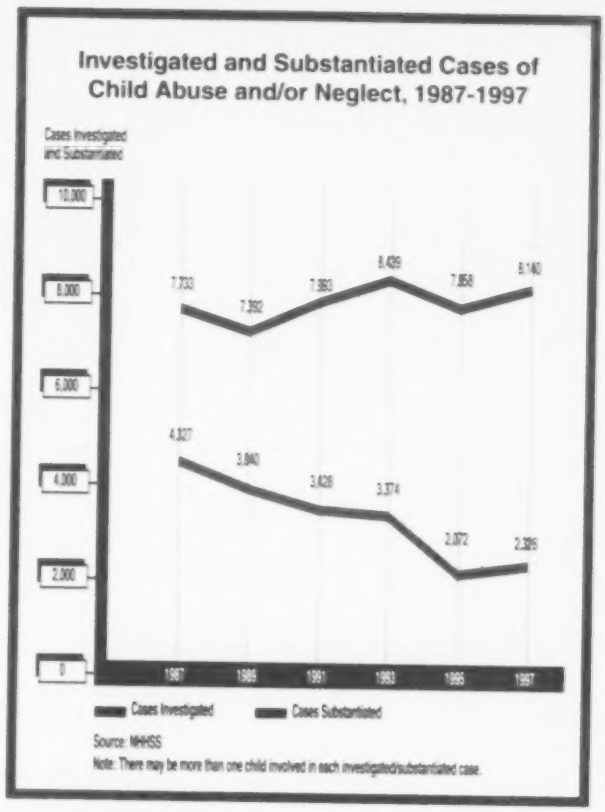
Child Abuse and Neglect/Domestic Violence

Investigated and Substantiated Cases

In 1997, there were 8,140 reports of child abuse and neglect investigated by the Department of Health and Human Services. Of these, 2,326 cases were substantiated involving 4,054 children. Since 1985, the Nebraska trend has been fewer substantiated cases and a slight increase in the number investigated. Drawing conclusions about actual levels of abuse would be erroneous due to the issuance of administrative memorandums regarding levels of proof required for substantiation and increased use of "voluntary" services. It is also important to note that these statistics involve only those cases that are actually investigated. Thousands of calls are "screened out." Nebraska's failure to tabulate calls that are not investigated further skews this picture. Additionally, it is estimated by the 1993 National Incidence Study of Abuse and Neglect that less than one-half of the actual cases of abuse are reported.

The majority (almost 60%) of victims of child abuse and neglect in Nebraska are young, under the age of 8. In fact, 43.6% (25.6% of the total number of abused children) are three years of age and younger.





When an investigation of child abuse or neglect is substantiated, more than one type of abuse or neglect may be found for each child involved in the case. Therefore, the percent of children involved in physical abuse, neglect, and sexual abuse will not total 100 percent. Neglect is the most frequently reported form of child maltreatment followed by physical abuse, then sexual abuse.

Who Reports?

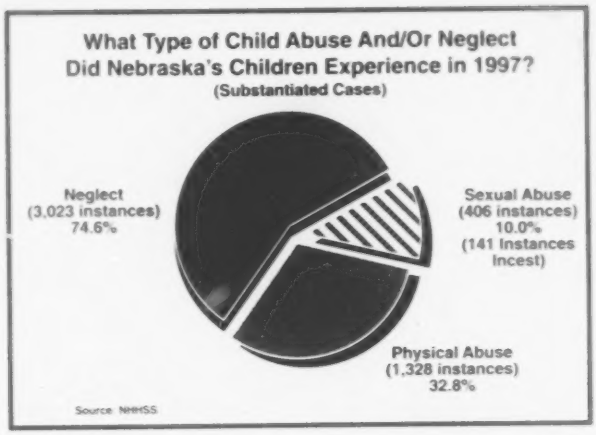
Under Nebraska law, citizens are required to report suspected child abuse or neglect to their local law enforcement agencies or to Child Protective Services.

The most frequent sources of referrals to Child Protective Services are law enforcement/legal agencies (18.0%) and schools (15.0%). It should be noted that fewer than 2.7% of all reports come from the children themselves. Many children fear disclosure because they fear the consequences of disclosing will be worse than the abuse. Children also have strong loyalties to their parents and don't want to "get them in trouble" even if they know what's happening is wrong.

Impact

Abuse and Neglect: New Information About Impact

- Maltreated children show fewer social competencies and fail to develop positive peer relationships.
- Children abused early in life develop brains that are tuned to detect danger.
- Children who are abused have elevated levels of stress hormones.
- Children who are neglected develop brains that are 20-30% smaller than normal for their age.*
- Additionally, we know that abuse and neglect increases a child's likelihood of being arrested both as a juvenile and later as an adult.



Who Abuses?

It should be noted that child abuse is very much a family functioning issue. According to a 1993 Child Abuse National Incidence Study, the majority of abused children (78%) were maltreated by birth parents, 14% were maltreated by non-birth parents or parent substitutes, and 9% by others. The statistics vary also by type of abuse and gender of abuser. Females are the perpetrators in 87% of the neglect cases, while males are the perpetrators in 67% of physical child abuse cases. It is estimated that 50-80% of all child abuse involves some degree of substance abuse by the child's parents. Finally, although child abuse occurs in all socioeconomic levels, economic stress increases overall family stress and subsequently increases the likelihood of abuse and harsh parenting practices.[2]

Where Do Abused Children Go?

Of the involved children in Nebraska, 61.3% were able to remain at home with their parents. Another 6.8% of the involved children were removed from their home, but later reunified with their parents. The court ordered placement outside the home for 22.7% of the children. For 5.3% of the children, parents voluntarily agreed to placement outside their home. Disposition was pending or information was not available for the remaining 4% of the involved children.
(See Out-of-Home Care, page 22)

Child Abuse Fatalities and Serious Injuries

According to hospital discharge data for 18-year-olds and under from 1994-1996, a total of 27 children were coded as being "at risk due to child abuse." Three child abuse fatalities were recorded to Nebraska residents in 1997. A total of 30 deaths of Nebraska children have been attributed to child abuse since 1981.

"I think [a program like Project Harmony] puts less stress on the family because the agencies are all housed under one building, so it is kind of like one stop shopping."

Danette Tipton, Director, Project Harmony

Project Harmony is a non-profit center using a coordinated approach to assessment and investigation of child abuse by housing law enforcement, child protective services and a medical clinic for examination of abused children in the same building.

Domestic Violence Shelters

In 1997, 3,726 children accompanied 5,039 adults seeking emergency shelter, information, and support from one of the 22 domestic violence/sexual assault programs in the state. Approximately one-third (1,987 adults and 2,114 children) were provided emergency shelter services, including 57,369 meals and 23,744 beds for children.

Reports from women showed that a total of 6,472 children were living in their homes at the time of the abuse. Of these kids, approximately 83% had witnessed the violence or its aftermath, 12% had been physically harmed during a violent incident, and 3% were suspected of being sexually abused.

Of the adult victims of domestic abuse, 32% reported that they had been abused in childhood, while 36% reported having witnessed violence in their home while growing up. Likewise, reports on perpetrators indicate that 36% were abused in childhood and 36% had witnessed abuse in childhood. Alcohol or other drugs had been used just prior to or during a violent incident by 45% of the perpetrators. In comparison, only 14% of the victims reported alcohol or other drug use during this time.

Domestic Violence Perpetrator Information

Fact	Percent
Witnessed abuse as a child	36%
Suffered abuse as a child	36%
Alcohol/drug use	45%

Source: Nebraska Domestic Violence/Sexual Assault Coalition

Robby's Story

Robby, age 12, was exposed to domestic violence as a young child when his mother Jenny was abused by his stepfather and by a boyfriend. Jenny's former boyfriend committed a serious assault and battery against her resulting in her hospitalization and permanent short-term memory loss. Little counseling or educational experiences existed on issues for domestic violence, leaving Robby further confused and troubled. "The counselors at school don't have much knowledge on it . . . kids need to know what it [domestic violence] is and that it is wrong. If they don't understand that it is wrong they will grow up thinking it is right and then that is how they will treat their wife and girlfriend," Robby said.

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Early Childhood Care and Education

Early Childhood Development

Early childhood is defined as the period of a child's life from birth through age eight. The earliest years of development have often been identified as a "critical" or "sensitive" period of development. Certainly great damage can occur to a very young child physically and psychologically due to inappropriate care in the early childhood years. Additionally, some problems are most effectively (in terms of outcome) and most efficiently (in terms of cost) resolved in the early years. It is important to not lose sight of the fact that all children in the developmental period (through age 21 or 23 depending on the expert) are in a "sensitive" and "critical" stage of development. If the early issues are not handled well, the development that follows is less likely to be maximally achieved and a child's entire developmental course can be permanently, negatively altered.

"Working and Learning Together" – David Radler, photographer

Need for Quality Child Care and Early Childhood Education Programs

According to the 1990 U.S. Census, 71% of all Nebraska children under 6 live in families where both parents or the single parent works.

Quality early childhood care and education programs, school age care, and parent education programs support parents as they carry out their critical role as children's earliest role models and teachers. Parents access these programs and services depending on their needs and those of their children. Commonly, parents choose to participate: 1) to provide opportunities for their children to interact and learn in a wider environment than the home; 2) to provide care and education for children while parents work; 3) to meet the special educational needs of children with disabilities; and/or 4) to enhance their parenting skills.

While there is considerable activity to improve the quality and availability of early childhood programs in Nebraska, the state faces challenges shared across the nation. Consider these points:

- *Less than one-half of eligible Nebraska 3 and 4-year-old children have access to a Head Start program.*
- *The struggle to locate quality, affordable, and accessible child care continually saps the energy and resources of working families.*
- *Teachers/caregivers in virtually every type of early childhood care and education program continue to earn wages which are half of comparably prepared professionals in related fields.*
- *Recent national research demonstrates that despite what is known about the potential benefit of high quality programs for children's later success in school and in life, well over half of children are in settings which can, at best, be rated as mediocre.*[1]

POLICY

The Nebraska Legislature included a state childcare tax credit in the Revenue Bill it enacted during the 1998 session. This law provides a nonrefundable credit equal to 25% of the federal credit for an income over $29,000, a refundable credit will be allowed for an income of $29,000 or less. The amount of the refundable credit shall be 100 percent for an income not greater than $22,000 with the percentage being reduced by 10 percent for each one thousand dollars by which the income level exceeds $22,000.

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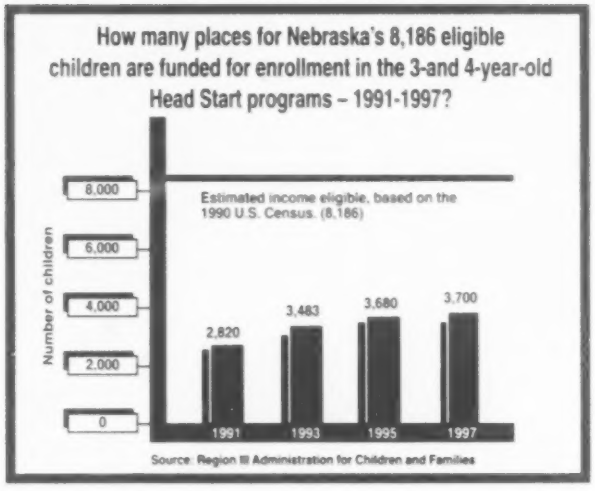

Early Childhood Programs in Nebraska

Nebraska Good Beginnings is a collaborative project of the Department of Education and the Department of Health and Human Services and other agencies depending on the community. It was initiated to encourage communities to provide coordinated services to strengthen and support families with young children from birth through age 5 and also pregnant women. Currently, 60 programs and communities in Nebraska have been recognized by Good Beginnings.

Head Start programs provide low-income families with infants and children comprehensive health, education, and nutrition services. Children receive child development programs focusing on social and emotional development and school readiness. Children who receive high quality Head Start services are better prepared for school and eventually do better in the workplace and the community than similar children who receive no early services.

Currently, 24 Nebraska counties have no Head Start programs available. According to estimates based on 1990 census data, approximately 8,200 children who are 3 and 4 years of age live below the poverty line in Nebraska. Funding exists for only 3,700 of the eligible children.

For the 1996-1997 year Head Start in Nebraska received $15,815,628 in operational funding, $234,001 in funds for training, and a total of 327,678 hours of volunteer time. A total of 3,838 families received services for a total of 4,144 children. Through Head Start programs, 684 children received needed medical treatment, 845 children received needed dental treatment, and 431 children received disabilities services.

Even Start Family Literacy programs are intended to help break the cycle of poverty and illiteracy and improve the educational opportunity of low income families by integrating early childhood education, adult literacy or adult basic education, and parenting education. Currently, funds are available to support seven programs serving approximately 175 families in Nebraska.

Early Childhood Projects in most cases expand and/or combine state funds with existing prekindergarten programs funded through school district, federal, or parent fees, including Head Start. Each project receives funding for up to one-half of the total operating budget of the project year up to $50,000 per year on a continuing basis, subject to availability of the funds. A public school or an educational service unit is the fiscal agent. Ten projects were funded for 1996-1997 in Nebraska serving more than 375 families.

Continuity Grants are designed to assist communities with improving the quality and/or continuity of existing programs including school age child care and extending part-day Head Start programs into full-day programs. Twelve programs received state funding in the 1996-1997 year.

Early Childhood Special Education and Early Intervention programs serve children with verified disabilities from birth through age 5. Last year (1996-1997) in Nebraska, 4,502 children were served through local school districts by the Department of Education in these programs. Of these, roughly one-fourth were served as speech and language impaired. (All of the above information was derived from the Nebraska State Department Early Childhood Home Page.)[2]

Child Care Facilities and Subsidies

A total of 4,695 facilities were licensed to provide childcare in Nebraska as of June, 1998. These facilities provide a capacity of 91,196 childcare slots.

Childcare subsidies are available on a sliding scale for families at or below 185% (effective January 1, 1998) of the federal poverty level. An estimated 20,302 children received childcare subsidized by the Department of Health and Human Services for a total of $23,693,931 in 1997. Subsidies are usually paid directly to childcare providers. The average subsidy paid in 1997 was $209 per child monthly. Infant care for a full day costs between $12 and $25 depending on location and type of care (center or home based).

Impact

Early childhood interventions designed to reduce parent and child social isolation and promote prosocial interactions in a child abuse prevention program resulted in parents reporting lower levels of stress and higher levels of social support (Fantuzzo, 1997). Both of these variables are noted to correlate significantly with lowered levels of child abuse.[3]

Economic Well-Being

Earned Income Tax Credit

The federal Earned Income Tax Credit helps low and moderate-income working families keep more of their earned income. In Nebraska, 95,685 returns claimed this credit for a total amount of $133,680,000 in 1996.

Single Parent Families

Single parent families are more likely to suffer from inadequate support networks and deficient financial resources. Both of these stressors have been associated with increased parenting stress and greater child abuse. Nationally, 61% of all children will spend all or part of their formative years in single parent households. A female is 5 times more likely than a male to head a single parent household.[1]

"Safe With Father" – Phil Johnson, photographer

Divorce and Child Support

A total of 6,245 marriages ended in divorce in Nebraska in 1997. Over half of the divorces involved a total of 6,849 children. In 2,989 divorces the court order included an order for child support to be paid by the parent who does not live with the children.

Parents who are owed child support can request assistance from Nebraska Health and Human Service System (NHHSS). In 1997, $13,996,028 was collected on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). Another $98,532,596 was collected on behalf of children whose parents were also owed support and were not receiving TANF.

In 3,629 divorces in which custody of children was awarded, 71% were awarded into their mother's sole custody, 13% were awarded to their father's custody, 13% were awarded to joint custody, and the remaining were "unknown or other."

1997 Poverty Guidelines

at 100% of Poverty

SIZE OF FAMILY UNIT	GROSS ANNUAL INCOME
2	10,850
3	13,650
4	16,450
5	19,250
6	22,050

Source: NHHSS.
Note: The 1990 census estimates that 13% of all Nebraska children lived in poverty.

Temporary Assistance to Needy Families

Formerly known as Aid to Dependent Children (ADC), or welfare, the Federal Welfare Reform initiative (TANF) has transformed cash assistance to needy families with dependent children. Nebraska still refers to cash assistance welfare as "ADC cash assistance." In an effort to foster greater self-sufficiency, Nebraska implemented the Employment First program to help parents work toward economic self-sufficiency with the support of extended Medicaid coverage, Child Care services, and Job Support. The goal is to become economically self-sufficient within 48 months and to utilize cash assistance for no more than 24 of these 48 months. An article in the Washington Post (March 23,1998) suggested that the declining welfare roles are not solely due to people finding work. As with any new program, monitoring and evaluation of effectiveness is a necessary adjunct and tracking case closings to determine those families who have achieved economic self-sufficiency is a logical means to evaluate outcomes.

During 1997, ADC provided benefits for 13,992 families including 26,421 children on an average monthly basis. The average number of families receiving assistance decreased by 4.9% from 1996. The monthly caseload represents

"Family" – Kristen Stensland, photographer

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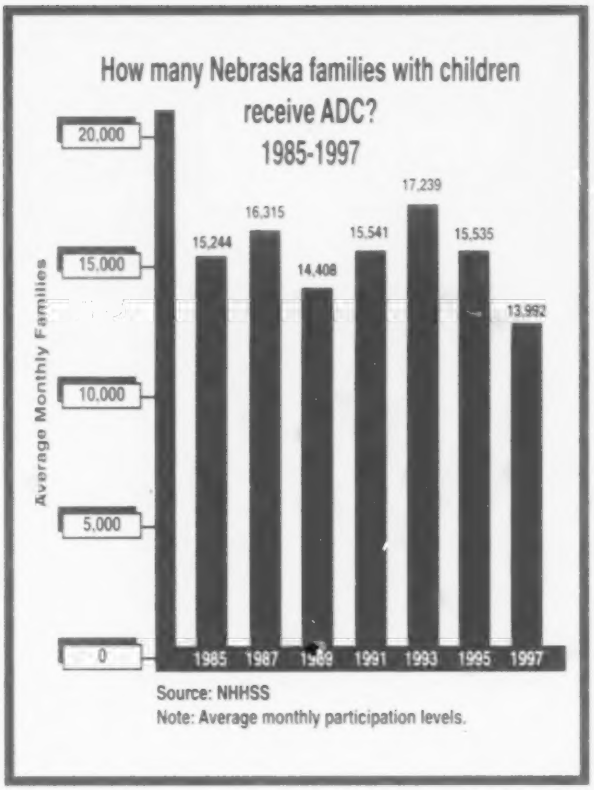

approximately 6.5% of Nebraska's total families with children under 18 years of age. The median age of children served by ADC was 5-years-old. The majority (76.6%) of families receiving benefits have only one or two children. Of the adults receiving benefits, over two-thirds (69%) have at least a high school diploma. Most adult recipients are single parents (92%), most are female (92%) and the majority are white (53.3%). African Americans and Native Americans represent disproportionate percentages of cash assistance recipients relative to the total population. African-Americans account for 4% of the Nebraska population and 29% of the cash assistance recipients. Native Americans also comprise both a small proportion of the total Nebraska population and a significant proportion of the cash assistance recipients. Roughly one-fifth of Nebraska's Native-American population receive cash assistance.

ADC benefits totaled $52,097,409 for 1997. An average payment per month per family was $310.27 and per individual was $115.02. In 1997, the maximum ADC payment was $364.00 a month for a family of three. When compared to 1997 federal poverty guidelines for a family of three at $13,330 ($1,111 a month), the maximum ADC payment amounted to approximately 32.8% of poverty. Of families receiving cash assistance, 110,853 (77%) also received food stamps.

Lynn's Story

Lynn and her husband are a working couple with five children. Their third daughter Emily was born with a serious genetic heart defect, Down's Syndrome and other health problems. Under doctor's advice Lynn decided to stay at home with her daughter. With Lynn's husband only making $20,000 a year, they find it difficult to make ends meet. Lynn relies on emergency relief services for clothes and food for her family. Lynn says, "I think the biggest threat to the working poor is that something will go wrong. This threatens their basic survival and their children's basic survival and emotional well being when their mom and dad are fussing. I truly believe that is where some abuse stems from."

POLICY

On March 3, 1998, Governor Nelson signed the Parenting Education for Divorcing Parents into law. This Act allows District Court Judges to order divorcing parents with minor children to take an educational course on the impact of divorce on their children. The class educates parents on childhood development, stress management, conflict resolution, guidelines for visitation, cooperative parenting, and adjustment of children to parental separation.

Impact

Income matters to a substantial degree in the case of cognitive development of preschoolers because it is associated with a richer learning environment. Differences in the home environment of high- and low-income children explain close to one-half of the effects of income on the cognitive development of preschool children and between one-quarter and one-third of the effects of income on the achievement scores of elementary school children."

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Education

High School Graduates

In 1997, a total of 20,222 youth in Nebraska received a high school diploma. This means an estimated 82.2% of that age group or cohort, actually completed high school in 1997. (See Methodology notes.) An additional 1,916 received their GED between January and December of 1997 from the Department of Education and 498 received a GED between January and December of 1997 from their local school district.

Of the 20,222 youth graduating in 1997, 92.2% were White, 3.2% were Black, 2.7% were Hispanic, 1.2% were Asian, and 0.6% were Native American or Alaska Native.

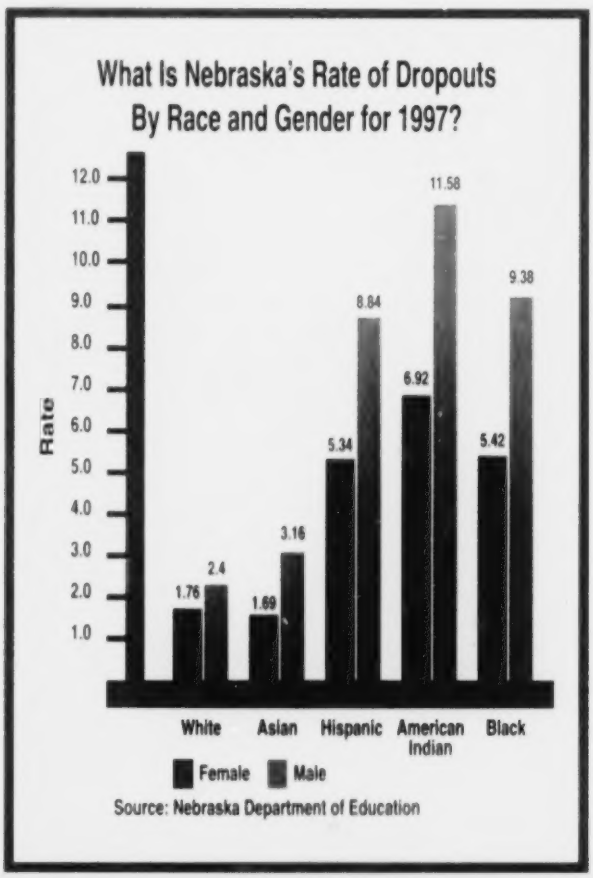
"Fun Study" – David Radler, photographer

School Dropouts

During the 1996-1997 school year a total of 3,923 Nebraska youth dropped out of school. This number represents 2.63% of all students, which is down from last year's 3% and the previous year's 2.9%. Males continue to drop out at much higher rates: 2,347 male dropouts to 1,576 female dropouts. The dropout rate varies by race and gender.

Expelled Students

The School Discipline Act of 1994 required expulsion for intentional possession of a dangerous weapon and for intentional use of force in causing or attempting to cause physical injury to a student or school representative.



As of July 1, 1997, under the mandates of LB 232, each school district in Nebraska is required to have an alternative school, class, or educational program in place for students who have been expelled from school. Prior to expulsion, schools are required to develop a written plan with the student and his/her parents outlining behavior and education expectations in order for the student to be retained in school. Therefore, the term expulsion may be somewhat misleading. In the 1996-97 school year 615 students (grades 7-12) were removed from regular education and offered alternative education. The type of intensity of "alternative education" varies from district to district. Since 1986-87 the number of students removed from school in these ways has increased 591%.

Special Education

In the 1996-1997 school year a total of 42,193 students in Nebraska received special education, accounting for approximately 12.6% of the total school aged population. Nebraska figures are comparable to the national average of 12.2%.

Early intervention services for children identified at a young age can make a critical difference in terms of long term functioning and continued need for services. As of December 1, 1997, a total of 4,502 preschoolers from birth to age 5 with a verified disability were receiving special education services. The majority of these young children (63%) have identified speech and language delays or disorders which are most effectively and efficiently treated as early as possible.

Educational Achievement Scores

The use of educational achievement scores to gauge the quality of education being offered to students is complicated. The majority of statistical variation in test scores seems more related to demographic variables over which the schools have no control. For example, variables like: number of parents living at home, parents education, community type, and state poverty rates, account for approximately 89% of the National Assessment of Educational Progress (NAEP) score variability.[1]

A total of 74% of Nebraska graduating seniors took the ACT in 1996 compared to a national average of 35%. Twenty-four percent of these Nebraska students are in the bottom half of their high school class. Using these scores to compare to other states, where many fewer students elect to take the exam (and therefore are perhaps self-selected stronger students), would be inaccurate. Comparing Nebraska to the national average on a test where Nebraska ranks among the highest percentages of students tested seems a stringent test of Nebraska student achievement. Recognizing the limitations of self-selected samples and varying percentages of participation, Nebraska students scored an average composite score of 21.4 on the ACT, while the national average composite score is 20.9. Nebraska also compares favorably to national scores on the NAEP (National Assessment of Educational Progress). *(see chart)*

"If I had to put in a very simple statement of what I believe the basic tenets of alternative education are, first it can not be a punitive program and, second, it is set up for those students who have not been successful in the traditional school for whatever reason. We don't really care why they weren't successful. Our goal is how to engage them and make them successful, to attain some goals so they can get back to the regular building and to obtain some education."

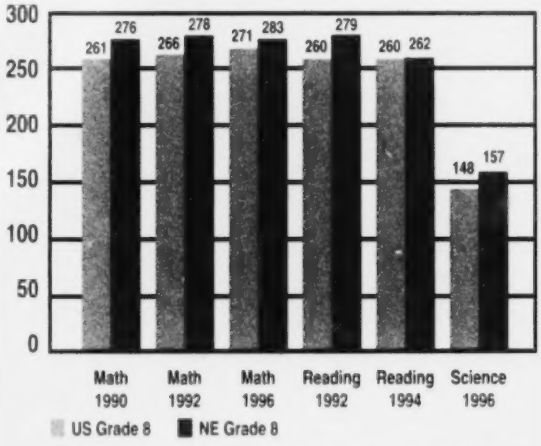
Ed Virant,
Principal, Omaha Public Schools
Alternative School Program

STATEWIDE EXPULSIONS
1985-1997

1986-87	89
1987-88	261
1988-89	280
1989-90	237
1991-92	235
1992-93	284
1993-94	273
1994-95	283
1995-96	443
1996-97	615

Source: Nebraska Department of Education

How Does Nebraska Compare to National Average Scores for Grade 8?



Source: National Assessment of Educational Progress, Nebraska Department of Education

Impact

Zero tolerance for injury and weapons in our schools is an understandable response to an unacceptable level of violence in our schools. However, the escalating rise in expulsions is a multi-dimensional problem that needs to be viewed from the larger perspective of the community as a whole. Expelling youth shifts the problem from the school building to the community-at-large. Long term costs of expulsion are high as well. Without effective alternative programming, an expelled teenager is more likely to never complete his/her education and more likely to become involved in drugs and crime. Milton Scott, general secretary of the Bermuda Union of Teachers, paints a bleak outlook for children ousted from the public system: "He finds a job, or he's out on the streets. Ultimately, it's saying 'you are a failure,' and we don't feel you will amount to anything in life."[2]

Health - Physical and Behavioral

Birth

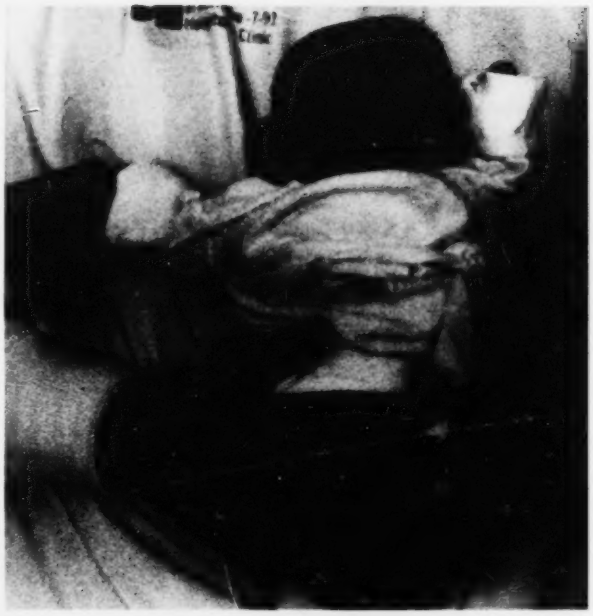
In 1997, a total of 23,313 babies were born to Nebraska residents. Of these births, 2,447 were to young women 19 years of age and younger. Of these, 879 were born to girls 17 and under. Of all babies 6,018 (25.8%) were born to single mothers. Young mothers and single mothers are more likely to also be economically stressed mothers.

Prenatal Care

Early care for children increasingly means caring for the woman before conception as well as early and regular prenatal care. The number one cause of infant deaths in Nebraska is birth defects with 41 babies under the age of one dying from birth defects. Research has documented a means of reducing the incidence of one particular form of birth defects. Adequate amounts of folic acid are required in the diet of women of reproductive age to prevent a group of birth defects known as neural tube defects (spina bifida and anencephaly). These neural tube defects affect about 2,500 infants born in the United States each year. It is estimated by the U.S. Centers for Disease Control (CDC) that neural tube defects can be reduced by 50% by including 0.4 mg of folic acid in the diet of young women.[1]

It is estimated that 1 in 300 babies nationwide show some degree of damage because of prenatal exposure to alcohol.[2] In Nebraska, this would mean an estimated 78 of the newborns born in 1997 were negatively impacted by alcohol exposure. Fetal alcohol syndrome is the number one cause of preventable birth defects worldwide. Another 3,879 (16.7%) Nebraska babies are exposed to smoke prenatally. The National Year 2000 Goal is 10% or less. Findings from the National Center for Health Statistics indicate that mothers who smoked during and after pregnancy tripled their babies' risk for SIDS (Sudden Infant Death Syndrome).[3] Vital Statistics indicate that 23 children died from SIDS in Nebraska in 1997. SIDS is the second leading cause of infant death in Nebraska. "The American Academy of Pediatrics reports that pregnant women who smoke and nonsmoking pregnant women exposed to secondhand smoke are more likely to have low birth weight babies who are at greater risk for respiratory infections, asthma, ear infections and other illnesses." [4]

Eight of the nine children with AIDS in Nebraska who are under 12 years of age have mothers with or are at risk for HIV infection. Another 5 children in this age group have been diagnosed to carry the HIV virus. For the past five years Nebraska has averaged one new case of pediatric AIDS per year. It is estimated that the incidence of infants acquiring HIV infection from their mother either in utero or during birth can be reduced from 25% to 10% if the mother is treated with the appropriate AIDS medications during pregnancy (AZT, Zidovudine).[5]



"Fragile Start" – Jeff Beierman, photographer

According to the Kessner Index, which combines information concerning the trimester when prenatal care began, the number of prenatal visits, and the length of gestation of the pregnancy, 76.4% of all Nebraska women received adequate prenatal care, 18.7% received intermediate prenatal care, and 4.9% received inadequate prenatal care. The percentage of White mothers that received inadequate care was 4.1% and for Asian mothers, 5.6%. The percentage of women receiving inadequate prenatal care is much higher for Native American mothers (24.6%), Black mothers (11.37%), Hispanic mothers (11.81%), and mothers of other races (11.11%).

Low Birth Weight

Low birth weight is the third leading cause of all infant mortality in the United States and the leading cause of death for babies born to Black women.[6] Of Nebraska resident births for 1997, 7% (1,639) were below 2,500 grams (5.5lbs.). Of these low-weight births, 1.3% or 302 were categorized very low birth weight (below 1,500 grams). National and Nebraska health goals are to reduce this percentage to 5% or less of all births by the year 2000.

Births to Teens

Babies born to teens are more likely to suffer negative health outcomes and are more likely to die in their first year than are babies born to women 20-39 years of age. Young girls are less likely to receive appropriate prenatal care, are more likely to have poor nutrition, and less likely to curb high-risk health habits such as smoking and substance abuse.[7] For the ten-year period from 1988 to 1997 a total of 8,181 babies have been born to girls 17 years of age and younger.

Teen Births in 1997 in Nebraska

879 births to girls 12-17 years of age (3.7% of all Nebraska babies)

- **2 births to 12 year-old-girls**
- **7 births to 13-year-old girls**
- **41 births to 14-year-old girls**
- **97 births to 15-year-old girls**
- **251 births to 16-year-old girls**
- **481 births to 17-year-old girls**

Source: Vital Statistics

Out-of-Wedlock Births

A correlation exists between single parenting and poverty.[8] In Nebraska in 1997, 25.8% (6, 018) of all births were out of wedlock. The majority of teens who give birth are unmarried and therefore, may be prone to poverty. Girls in Nebraska 17 years of age and under gave birth to 879 babies, with 92.5% of them being out of wedlock. In addition, 78.4% of 18-year-old girls and 71.1% of 19-year-old girls who gave birth were unmarried. Studies have shown that teen mothers are more likely to require economic assistance including Medicaid, WIC, food stamps and ADC.

Infant Mortality

Infant mortality is much higher than mortality rates for children 1-19 years of age. This difference is primarily due to their general health, weight at birth, prenatal care, and perinatal injuries.[9] In Nebraska, 143 fetuses died before birth in 1997. Additionally, a total of 173 infants who were born alive subsequently died before their first birthday. Nebraska's infant mortality rate of 7.41 deaths per thousand live births is down from the 1996 rate of 8.7 deaths per thousand. This figure is still above the Nebraska Year 2000 objective of 5.0 deaths per thousand. The leading cause of infant death is birth defects (41 deaths in 1997) followed by Sudden Infant Death Syndrome (SIDS – 23 deaths in 1997). Four infants were victims of homicide in 1997.

Immunizations

The CDC has set a national immunization goal that 90% of all 2-year-olds be immunized with four diphtheria-tetanus-pertussis (DTP) shots, one measles-mumps-rubella (MMR) shot, and three oral polio vaccines. In 1997, approximately 77% of randomly sampled Nebraska's two-year olds were thus minimally immunized. The national average is 78%. Additionally recommended by CDC are hepatitis B (hepB), haemophilus influenza Type b (HIB) and varicella (chicken pox) shots. Licensed childcare facilities in the state require HIB shots, as well as the DTP, polio, and MMR shots.

Pertussis (whooping cough) is an example of a disease commonly spread from older children, adolescents, and adults to infants not yet old enough to be protected through immunization. While the disease itself may not be severe enough to cause an adult to go to his or her physician, there were four very young infants all hospitalized for pertussis in Lancaster County during the summer of 1998. Nebraska reported 96 cases of pertussis in the years 1991-1997.

Blood Lead Levels

The effects of lead exposure on fetuses and young children can be severe. They include delays in physical and mental development, lower IQ levels, shortened attention spans, and increased behavioral problems.[11]

Lead poisoning among children remains a serious public health problem in Nebraska. One significant aspect of childhood lead poisoning in Nebraska is that relatively few of the "at risk" children are tested. There were approximately 139,000 children less than six years of age living in Nebraska during the period of this report. During 1997, 6,324 (4.5%) children of the under six age group, or less than 1 in 10, were reported tested. Of the children reported tested, 759 (12.0%) children in 1997 were found to have blood lead levels above the CDC's level of concern. The CDC reports that among certain segments of the poor, non-white population the percentage of small children with clinically significant blood lead levels reaches 21.9%. Considering the low percentage of Nebraska children being screened, many children with elevated blood lead levels remain undetected.

Impact

More than 5 million children living today will die prematurely because of a decision they will make as adolescents – the decision to smoke cigarettes. (CDC web site).

Early alcohol, tobacco and drug use is correlated with a number of other problems for youth.

- Youth who use cigarettes or alcohol are 65 times more likely to use marijuana.
- Early alcohol use is tied to poor grades, behavior problems, school dropout, and an increased involvement in antisocial behaviors.
- One-third of youth in juvenile detention centers report drinking at the time of their criminal behavior.
- Teens who use alcohol start having sex at a younger age, with more partners, and are less apt to use protection.
- Many youth that have attempted suicide are using alcohol at the time. Alcohol is frequently involved in four of the leading causes of death among young people: car accidents, suicides, homicides, and drowning.
- Youth who begin using alcohol before age 15 are more likely to become dependent on alcohol and other drugs as they get older.

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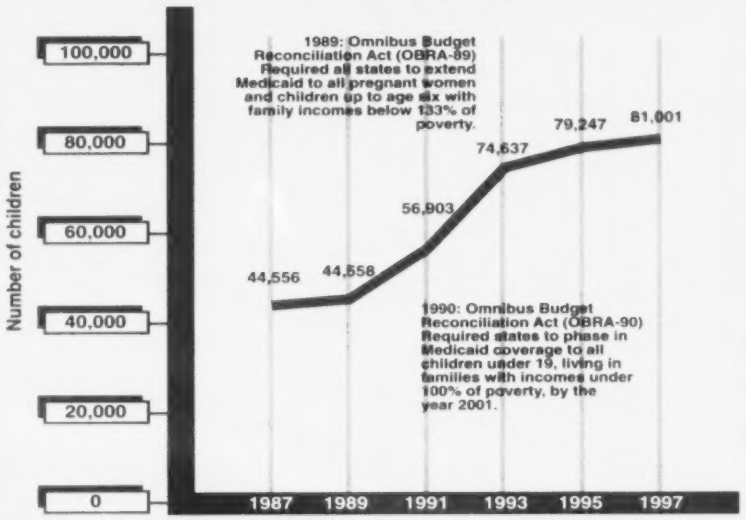
Access to Health Care

Approximately 24,000 Nebraska children under age 19 lack any form of health insurance. Access to health care is an important predictor of physical and behavioral health outcomes for children. Children become eligible for Nebraska Medicaid, which provides acute and preventive health care for a variety of persons in need of financial assistance for medical care expenses, in a variety of ways. Medicaid assistance is available for children in households with low incomes and no health insurance, and for children who are eligible for SSI benefits due to disability.

Changes in government policies have expanded Medicaid eligibility over the last decade. These changes have increased the number of children designated eligible by Nebraska Medicaid from a monthly average of 56,903 in 1991 to an average of 81,001 in 1997.

The Balanced Budget Act of 1997 provided grants to states to provide health care coverage to uninsured children. Nebraska's federal grant is $76.5 million over the next five years. Nebraska is required to provide an additional average state match of $5 million annually to obtain the federal funds. Titled "Kids Connection," Nebraska's extension of Medicaid coverage was implemented on September 1, 1998. It will build on the state's current Medicaid program and provide health care coverage for children in families whose income is 185% of the federal poverty level or below and whose children aren't already covered by health insurance. Certain mental health services are provided and pregnant women who meet the income level guidelines will also be included.

How Many Nebraska Children Applied and Were Found Eligible for Medicaid – 1987-1997?
When did major federal policy changes take place?



Sources: NHHSS
Note: Does not include certain children with disabilities.

Medicaid Facts

- Average monthly number of children who are eligible for Medicaid because of disability in 1997 was 4,612.
- Average monthly number of children eligible for Medicaid because of receiving TANF in 1997 was 26,421.
- Children (and pregnant women) made up 56.2% of all Nebraskans eligible for Medicaid in 1997, yet they account for only 19.6% of all Medicaid expenditures in 1997.
- Other categories of Medicaid recipients include low income elderly persons (34.8% of all Medicaid expenditures in 1997), blind and disabled persons (35.5% of all Medicaid expenditures in 1997), and adults eligible for TANF (Temporary Assistance to Needy Families – 8.1% of expenditures in 1997).

POLICY

Kids Connection will offer health coverage to all Nebraska children living at or below 185% of poverty level. In 1998, Nebraska created Kids Connection through passage of LB 1063. This program has the potential to insure nearly 24,000 uninsured Nebraska children. The new law provides children with one year of continuous Medicaid eligibility and allows for presumptive eligibility and a streamlined enrollment process.

Kids Connection Guidelines
1998 at 185% of Poverty

Family Unit Size	Gross Annual Income
2	$20,064
3	$25,260
4	$30,432
5	$35,604

Child Mortality Totals

A total of 354 Nebraska children ages 19 and under died in 1997. Of these deaths 173 were infants under one year of age. For infants the primary causes of death are health related. For children ages 1-19 years of age, the causes of death are primarily accidents, homicides, and suicides.

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Mortality Among Children 1-19

Of the total child deaths in 1997, 181 were children ages 1-19. Children 1-11 years of age accounted for 62 deaths; 77 deaths were children 12-17 years of age; and 42 deaths were youth 18 and 19 years of age. Motor vehicle accidents are the leading cause of death for children ages 1-19, accounting for 69 deaths. Other accidents accounted for 30 of the deaths followed by 17 homicides and 16 suicides.

Alcohol was a contributory factor in 30% of the motor vehicle deaths. Drunk drivers aged 19 and under are responsible for 298 (14%) of the 2,097 alcohol related accidents that occurred in Nebraska last year.

Percentages of Death for Selected Causes of Death, Ages 1-19, 1988-1997

Causes	1988-1997 Average
Motor Vehicle Accidents	33.6%
Other Accidents	15.1%
Suicide	9.7%
Cancer	7.7%
Homicide	6.2%
Heart Disease	4.0%
Other Disorders of the Central Nervous System	2.3%
Hereditary and Degenerative Diseases of the Central Nervous System	1.2%
Metabolic Disorders and Immunity Disorders	1.0%
Cerebro-Vascular	0.7%

Source: Vital Statistics

Youth Risk Behavior Survey

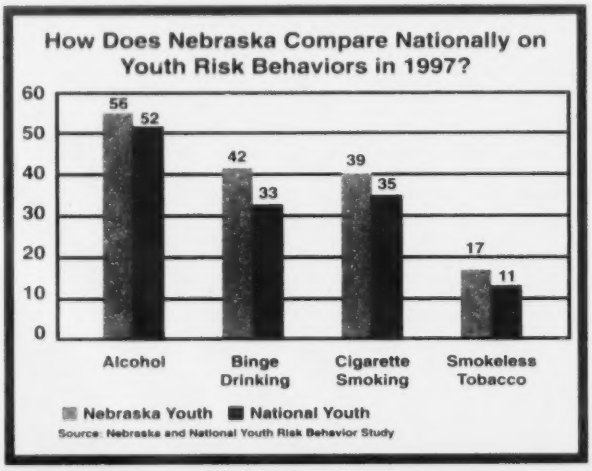
The Nebraska 1997 Youth Risk Behavior Survey, unfortunately, is based on a much smaller sample than previously used. In Nebraska only 770 youth in grades 9-12 were surveyed. Several large urban districts declined to participate, therefore urban youth in Nebraska may be underrepresented by this sample. The Youth Risk Behavior Survey is funded by a grant from the Center for Disease Control and Prevention. Much of the following data is based on this survey.

1. Health Risks for Teens: Alcohol, Tobacco and other Drug Use

Alcohol is by far the drug of choice among Nebraska youth with 80% of surveyed Nebraska youth reporting having had at least one drink in their lifetimes. Binge drinking (defined as 5 or more drinks in a row) in the last thirty days was reported by 44% of males and 40% of females surveyed. Binge drinking increases the risks of fighting, teen pregnancy, accidents, and alcohol poisoning. By ninth grade, 35% of Nebraska and 25% of American students had participated in binge drinking in the past month. By 12th grade, Nebraska students participated in binge drinking to a greater extent than their national counterparts, at 65% compared to 39% nationally over the past month. Nebraska ranks second in the country in binge drinking by youth – second only to Montana.

A survey conducted by the CDC of adult smokers suggests that 70% of adult smokers want to quit smoking but have been unsuccessful. Of regular smokers, 80% began the habit before age 18. Every day an additional 3,000 American youth become regular smokers. Eventually, 1,000 of them will die of a smoking-related illness. Smoking related illnesses are the single most preventable cause of death in the United States.[12] In Nebraska, only 55% of surveyed youth have been asked for proof of age when trying to buy cigarettes. Of Nebraska youth surveyed, 57% of high school seniors had smoked at least once in the previous 30 days; 26% smoked two or more cigarettes a day on the days they smoked; 36% have tried to quit smoking. Of males surveyed, 31% have used chewing tobacco in the last 30 days.

In 1997, 31% of surveyed Nebraska teens reported having tried marijuana at least once. This is up from 19% in 1993 and 24% in 1995. The percent of Nebraska teens that have ever used inhalants was up to 20% in 1997 from 17% in 1995. The percentage who have ever tried other illegal drugs has remained relatively stable; 12% in 1993, 10% in 1995, and 13% in 1997.



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II. Health Risks for Teens: Seat Belts, Drinking and Driving, Carrying Weapons, Fighting

The percent of Nebraska teens who report they always wear seat belts in a car remains at a low, steady level: 18% in 1993, 17% in 1995, and 19% in 1997. The percent of teens involved in physical fights during the past twelve months is declining slightly: 35% in 1993, 33% in 1995, and 31% in 1997. The percent of students who reported carrying a weapon during the past twelve months is declining slightly: 21% in 1993, 20% in 1995, and 17% in 1997.

Of teens surveyed, 50% of males and 46% of females reported that they have ridden in a car with someone who had been drinking alcohol in the past 30 days. Of Nebraska high school students who rode with a drinking driver, 72% did so two or more times in the past month. Of surveyed 10th graders, 25% drove after drinking alcohol, 26% of 11th graders, and 47% of 12th graders.

What Are the 1997 Facts Regarding Nebraska Teen Drivers?

Facts About Teen Drivers	Percent of Teen Drivers Age 16-19
Involved in Injury Accidents	18.6%
Involved in Motor Vehicle Accidents	18.1%
Driving Drunk Accidents	14.0%
Involved in Fatal Accidents	13.2%
% of All Licensed Drivers	7.5%

Source: Nebraska Department of Roads

III. Teen Sexual Behavior

Adolescents in Nebraska report having had sexual intercourse at least once at the following rates: 19% of 7th and 8th graders, 38% of 9th graders, 39% of 10th graders, 49% of 11th graders, and 72% of 12th graders. Of those who are sexually active, 66% of males and 59% of females reported using a condom during their most recent sexual encounter. Of surveyed teens, 54% reported discussing HIV/AIDS with their parents or other adult family member. Teens who discuss sex with their parents are the most likely to wait longer, have fewer partners, and use appropriate protection if/when they do become sexually active.

In 1997 alone, 1,768 cases of STDs were diagnosed among Nebraska teens ages 19 and under. Infection with the HIV virus is highly correlated with diagnosis of other sexually transmitted diseases. Research suggests that infection with other STDs such as gonorrhea, syphilis, and chlamydia make people 2-5 times more likely to both spread and acquire HIV.[13]

IV. Children and Youth: Suicide and Homicide

The third leading cause of teen death in Nebraska, following car accidents and other accidental deaths is homicide. Of children and youth ages 1-19, 17 (9.4% of all deaths) were victims of homicide in 1997. Suicide is the fourth leading cause of death for youth in Nebraska. Sixteen youth committed suicide in 1997 (8.8% of all deaths). Violent deaths are frequently linked to substance abuse. Of Nebraska teens 23% reported having seriously thought about suicide in the past twelve months (32% females and 15% males). Of all females 26% had made a plan of how they would attempt suicide and 13% of all males.

Mental Health and Substance Abuse Treatment

Mental health and substance abuse programs that are publicly funded through the Nebraska Health and Human Services System provide some services for Nebraska youth. These children are typically from lower income families or involved in the court system. Because these programs do not include services paid for by private health insurance or other private sector services, the data reported is an underestimate of the number of children receiving these services and those children in need of but not receiving these services.

Community-Based Treatment

A total of 10,181 Nebraska children were provided publicly funded mental health and substance abuse program services in 1997. This figure may duplicate some children who received services in both mental health and substance abuse in 1997. Of these youth receiving treatment 3,720 received substance abuse services. Of these, the majority received outpatient treatment (2,476) and prevention services (491). Other substance abuse services available include emergency/detoxification, partial care, halfway house care, and therapeutic community treatment. The four most common substance abuse problems among youth in Nebraska are: alcohol (2,143 youth received treatment), marijuana (852 received treatment), methamphetamines (67 youth received treatment), and inhalants (47 youth received treatment).

Another 6,461 children and adolescents received mental health services. The majority were treated on an outpatient basis (6,082). Inpatient services were utilized for 62 children and adolescents in need of mental health services. The rest received a variety of services including emergency psychiatric care, day treatment, respite care, and therapeutic group home care. The most commonly diagnosed problems were adjustment disorders (40%), conduct disorders (15%), major depression (9.2%), and attention deficit disorder (9.1%). The two community-based programs serving the most youth for mental health services were Immanuel (1,794 youth or 27%) and Blue Valley Mental Health Center (1,199 youth or 18%).

Residential Care

The Lincoln Regional Center provided residential services for 193 adolescents in the year ending June 30, 1997. Lincoln has the only state regional center with a specialized program for adolescents. Norfolk Regional Center provided services to one youth under the age of 18. In addition, 80 children were provided residential services because of developmental disabilities in 1997.

Juvenile Justice

Predicting Juvenile Crime and Its Costs

The human costs of juvenile crime are not possible to calculate. Violent crime is not confined to our nation's ghettoes. Additionally, it would be inaccurate to say that violent crime is random. We can predict, with increasing accuracy, those juveniles who are most likely to become career criminals and those who are likely to become violent criminals. Responding to this knowledge becomes a matter of policy and economics.

A joint study of the CWLA (Child Welfare League of America) and a group of community leaders in Sacramento County identified some of the risk factors that predict juvenile crime.

- An estimated 1.2% of all children in the United States have been investigated for physical abuse compared with 62% of those children aged 9-12 who were arrested and had previously been investigated by child protective services.

- An estimated 2.2% of all children in the United States have an incarcerated parent, compared with 45% of those children aged 9-12 who were investigated by child protective services and who were arrested.

"A study conducted by the Hennepin County (Minneapolis, Minnesota) District Attorney's office found strikingly similar risk factors among 4 through 9-year-olds who were arrested for serious offenses. Of 135 arrested children, 81% had family histories of abuse or neglect, 70% had a parent or sibling with a criminal record, and 63% had been suspended from school at least once."[1]

A significant proportion of youth in need of intervention services is identifiable. What do we do once they are identified? A few cost-effective intervention models have been researched and demonstrated to be effective in reducing criminal behavior and substance abuse in at-risk youth and in previously adjudicated youth. A complete review in this report is not possible but three examples are noted below.

"Without Bars" – Gail Flanery, photographer

A study by the Syracuse Family Development Research Program showed that delinquency was reduced by 91% when parent training, home visits, early childhood education, and other services were provided on a continuing basis to certain high-risk families.[2]

An evaluation of one intervention model, Multisystemic Therapy, for youth labeled antisocial in South Carolina doubled the percentage of youth not rearrested, decreased expensive out-of-home placement time, decreased substance abuse and decreased self-reported offenses. The cost for treatment (averaging 3-4 months) in this intensive home-based services model was $3,500 per client which is a significant reduction from the $17,769 for institutional placement.[3]

The Sacramento County Community Intervention Program is another example of a family and community based multisystemic approach. This five year intensive family and community based intervention approach estimates a per youth cost of $40,665 for 5 years of intervention versus an estimated cost of $471,858 (with incarceration through age 25). It should be noted that this program targets populations with multiple risk factors.[4]

Impact

"Greater attention should be paid to the role of family violence and easy access to firearms in the commission of violent crimes."[5]

"An ongoing study by Cathy Spatz Widom, funded by the National Institute for Justice, concluded in 1992 that experiencing childhood abuse and neglect increases the likelihood of arrest as a juvenile by 53 percent, of arrest as an adult by 38 percent, and of committing a violent crime by 38 percent."[6]

"These adolescents have a greater chance of getting their hands on weapons than they would have 50 years ago. The number of firearms in circulation nationwide has jumped from about 54 million in 1950 to an estimated 192 million today – far faster than the growth of the population."[7]

Efforts at prevention and early intervention can save both human suffering and tax dollars spent on expensive incarceration, while lowering the juvenile crime rate. These improvements do not include the increased societal and monetary contributions each juvenile can make who is successfully redirected from criminal to productive citizen.

Nebraska Expenditures for Intervention/Incarceration for Juvenile Crime

Nebraska maintains two youth Rehabilitation and Treatment centers. Kearney is a juvenile facility for boys and Geneva is a juvenile facility for girls as well as an evaluation center for boys and girls. The average cost per day for incarceration of a juvenile at Kearney or Geneva is $105. The average length of stay at Kearney is 3.5 months for an average cost per stay for a juvenile of $11,025. The average length of stay at Geneva is 4.17 months for an average cost per stay of $13,135. The average daily population at Kearney is 231 youth. Each day an average 231 youth are incarcerated at Kearney costing the State of Nebraska $24,255. The average population at Geneva is 111 (including evaluation population) for a daily facility operating cost of $11,655. Intensive family and community-based programs can be more effective and less costly. As an example, Scott Henggler's Multisystemic Therapy model averages $3,500 for three months of treatment and has demonstrated half the rearrest rate of usual services.

Juvenile Arrests

Overall in 1997, juvenile arrests in Nebraska are down 4% from 1996. This compares to an increase of 5% in the total number of adult arrests from 1996 to 1997. Overall, adult arrests account for 79% of the total arrests made statewide.

What Were Nebraska's Juvenile Arrests for Part I and Part II Offenses for 1996 and 1997?

Part I	1996	1997	Change
VIOLENT CRIMES			
Aggravated Assault	141	129	-9%
Robbery	110	111	+1%
Forcible Rape	32	19	-41%
Murder/Manslaughter	5	5	0%
PROPERTY CRIMES			
Larceny-Theft	5,661	5,282	-7%
Burglary	667	605	-9%
Motor Vehicle Theft	345	285	-17%
Arson	94	65	-31%
Part II			
Liquor Law Violations	2158	2413	+12%
Vandalism	1735	1375	-21%
Runaways	588	516	-12%
Weapons Violations	291	246	-15%
Fraud	103	141	+37%

Source: Nebraska Commission on Law Enforcement and Criminal Justice
Note: See Methodology, Data Sources and Definitions p. 30.

In both 1996 and 1997, roughly 40% of all juvenile offenders were female compared to 60% male. In 1996, female juvenile offenders outnumber male juvenile offenders in only two categories: runaways and offenses against family. In 1997, female juvenile offenders outnumbered male offenders in prostitution/vice offenses as well as runaways and offenses against the family. The ratio of female to male offenders in the adult population is roughly 30% female to 70% male for both 1996 and 1997.

Victims of Rape

The total number of reported rapes in Nebraska for 1997, as recorded by the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission), was 403. This is down from 441 reported rapes in 1996. Of these, 97 were age 17 and under. This is up from 40 in 1988 (a 130% increase). This means that roughly 43% of the rape victims in Nebraska are females age 17 and under. These statistics include attempted forcible rapes against females, but excludes male victims of rape (data are not available). Outside the Omaha area, there were 223 victims of forcible rape.

Probation

Statewide 6,718 juveniles were served by probation services during 1997. Male juvenile offenders accounted for 4,945 of those served and females accounted for 1,773.

POLICY

During the 1998 Legislative Session, the Unicameral enacted LB 392. This Act harmonized state and federal law by changing provisions relating to temporary custody and placements of juveniles. This legislation prohibits placement of status offenders (such as runaway or truant) or non-offenders and juveniles 15 years of age or younger in adult jails or lockups, limits custody of juveniles in adult jails to 6 hours in urban areas and 24 hours, excluding non-judicial days, in rural areas. It requires sight and sound separation of adults and juveniles in adult jails or lockups, and examination of minority involvement in the juvenile justice system.

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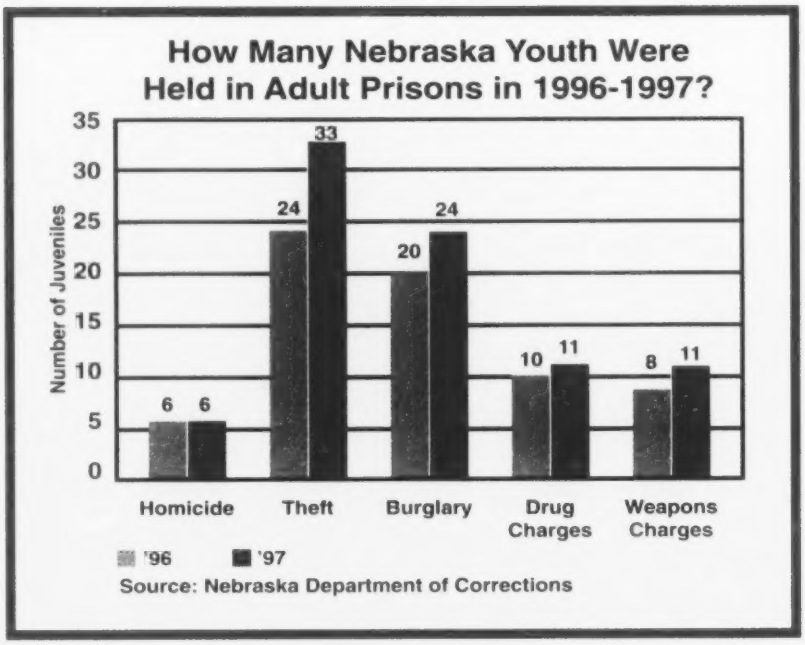
Detention After Arrest

After arrest, juveniles can be released into the custody of their parents, receive a written notice requiring an appearance in juvenile court, or be brought before an officer of the juvenile court if there is a need for detention.

After arrest, 3,252 Nebraska juveniles were detained in one of five secure juvenile detention facilities. Another 216 Nebraska youth, excluding Omaha, Buffalo County, Douglas County, and Sarpy County (for which data is not available), were detained in adult jails and lock-ups following arrest. Length of stay for juveniles in adult jails and lock-ups ranged from 1 day to 174 days with a median stay of 7 days.



Youth Rehabilitation and Treatment Centers

During 1997, the total number of male youth placed at Kearney was 888, up from 865 in 1996 (an increase of 2.7%). During 1997 the total number of female youth committed to serve time at Geneva was 202, which is up from 172 in 1996, (an increase of 17.4%). The juvenile courts commit youth to these facilities for crimes against persons or property. Geneva also conducts evaluations of both male and female youth with serious behavioral disorders. A total of 667 youth were evaluated at Geneva during fiscal year 1997.

Adult Jail and Parole for Juveniles

A national trend has been observed to try juveniles in adult court even though this intervention has not been found to be any more effective in reducing juvenile crime. These youth may then be incarcerated in adult prisons. In 1997, 112 Nebraska youth under age 18 were incarcerated in adult prisons. This number is a decrease from 126 youth under age 18 incarcerated in adult prisons in 1996. Of these youth, 29.5% are being held for theft, 21.5% are being held for burglary, 9.8% for drug charges, and 9.8% for weapons charges. On June 30, 1997, 13 youth were on parole after incarceration in adult prisons. A total of 1,209 received parole services under the supervision of Health and Human Services, Office of Juvenile Services, following commitment to the Youth Rehabilitation and Treatment Centers.

Juvenile Detention Facilities 1997

Facility	Number Detained
Douglas Cty Youth Center	1,530
Douglas Cty Courthouse	730
Lancaster Cty Detention	512
W. Nebraska Juv-Gering	140
N.E. Nebraska Juv-Wayne	340

Source: Nebraska Commission on Law Enforcement and Criminal Justice

POLICY

The Office of Juvenile Services Act was enacted into law in 1994 with further revisions occurring in 1997. This Act creates a purchase-of-care system, which will facilitate further development of community based care and services for juveniles. This move to community based care and services also includes the elimination of residential evaluation services currently performed at the Youth Rehabilitation and Treatment Center in Geneva by December 31, 1999. This Act also clarifies the due process rights of juveniles by requiring a hearing by a judge when a juvenile is transferred from a less restrictive to a more restrictive facility.

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Nutrition

Federal Food Programs

The U.S. Department of Agriculture administers 15 food assistance programs through the Food and Nutrition Services (FNS). These programs which serve 1 in 6 Americans are designed to ensure access to nutritious, healthful diets. They also provide education for consumers about the link between diet and health, providing dietary guidance based on research. The Federal government is generally responsible for food costs and the states determine eligibility to participate and deliver services.

Food Stamps

Food Stamps are United States Department of Agriculture (USDA) coupons, which may be redeemed in retail food stores. They are available through the State Department of Health and Human Services for families living at or below 130% of poverty, to help maintain an adequate low-cost diet. The monthly average number of households receiving Food Stamps in State fiscal year 1997 was 41,093. Of these households, 10,853 (26.4%) were households supported by ADC. A total of 98,017 persons received Food Stamps. Approximately one-half of all Food Stamp recipients are children.

USDA Nutrition Programs

School Lunch:

In 1997, 499 of the total 656 school districts participated in the school lunch program. This means 289,378 children had access to school lunch. USDA provides financial support for all lunches served. Low-income families are also eligible for free or reduced price lunches based on family income. In school districts with lunch programs, USDA provides children with family incomes at or below 130% of poverty with free lunch, and children from families with incomes between 130% and 185% of poverty with reduced price meals.

In October 1997, 198,841 Nebraska children participated in the school lunch program. Of these, 68,570 received a free lunch and 25,766 received a reduced price lunch per day.

School Breakfast:

Only 167 school districts, with 398 schools, participate in the school breakfast programs. This means that 136,132 of Nebraska's 334,900 (40%) school-aged children had access to school breakfasts. In October 1997, 26,457 Nebraska children participated in the school breakfast program. Of these, 17,526 received a free or reduced price breakfast.

"Enjoying School Lunch" – David Radler, photographer

This means that 66% of the children participating in the breakfast program receive financial assistance, compared to 32% of the children who participate in the school lunch program.

Summer Food Service Program:

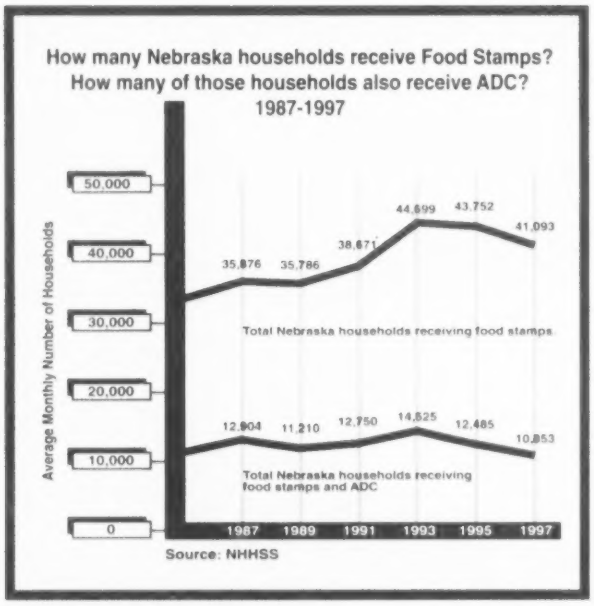
The Summer Food Service Program is designed to help maintain nutrition levels during the summer so children can return to school in the fall ready to learn. It is funded by the USDA and has only been implemented in less than 17% (15 of the 93) of Nebraska counties. In 1997, a total of 8,539 children participated in this program at 102 sites.

Child and Adult Care Food Program:

Average daily lunch participation in child care food programs for children in child care centers and day care homes was 27,200.

Impact

Fewer schools offer school breakfast programs than school lunches. The American Dietetic Association points out that children who eat breakfast perform better in school because of increased problem-solving ability, better memory and verbal fluency, and more creativity.



"One of the obstacles to getting a school breakfast program implemented is that many people feel that when you give the kids a complimentary breakfast you are taking the responsibility away from the parents. The fact is that you have more working and single parents than ever before and sometimes it is hard to get the kid fed. The idea of the breakfast program is that we are all working to make the best for kids. It is not about taking away responsibility, but helping parents out."

Karren McKeag, Lothrop Primary School
National Recipient of Louise Sublette Award of Excellence from American School Food Service Association for creativity in developing a plan to help school nutrition programs to grow and better serve the needs of children

Special Commodity Distribution Program:
The USDA purchases some surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens, and pantries. An average of 44,536 households received nutritional assistance through this program in 1996-1997. An estimated average of 261,223 meals were served in soup kitchens with assistance from this program.

Commodity Supplemental Foods Program (CSFP):
Surplus commodity foods such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula, and cereal are provided to low income (185% of poverty) pregnant, breast-feeding, and postpartum women; infants, children to age six, and seniors over 60 years of age (130% of poverty). In 1997, a monthly average of 1,842 women, infants and children and 11,417 seniors were served. CFSP has 20 sites, serving all 93 counties.

WIC:
The Special Supplemental Nutrition Program for Women Infants and Children (WIC) serves pregnant women and children under five at nutritional risk. Eligibility requirements state that these women and children must have incomes at or below 185% of poverty. For a family of four that is roughly $30,000. Supplemental foods such as milk, juice, cheese, and cereal are made available as well as nutritional counseling. WIC has been demonstrated to prevent poor birth outcomes such as low birth weight and improve children's health.

An estimated 57,561 women, infants, and children in Nebraska were income eligible for WIC assistance in 1997. Monthly average participation as of April 30, 1998 was 54% of those eligible (31,281 participants).

POLICY

On June 23, 1998, President Clinton signed the Agricultural Research Extension and Education Reform Act of 1998 into law. The Act restores Food Stamp benefits to 250,000 elderly, disabled, and other needy legal immigrants, including 75,000 children who lost assistance under the 1996 Act. This Act also restores benefits to Hmong immigrants from Laos who aided our country during the Vietnam War and extends the period during which refugees and asylees may qualify for Food Stamps while they await citizenship.

WIC participants

Year	Average Monthly Program Participants
1990	21,385
1991	25,428
1992	28,714
1993	31,885
1994	33,592
1995	35,059
1996	35,377
1997	31,371

Source: NHHSS

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Out-of-Home Care and Adoption

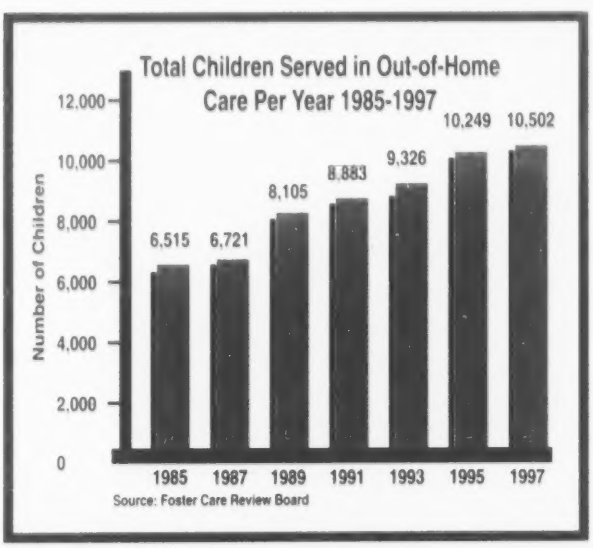
How Many Children in Out-of-Home Care?

Children may leave or be removed from their homes for a variety of reasons. In 1997, the top four reasons children entered out-of-home care were drug and alcohol abuse by parents, inadequate parenting skills, neglect, and family violence. The annual total of Nebraska children served in out-of-home care in 1997 was 10,502 according to data from the Nebraska Foster Care Review Board (FCRB). Nebraska's licensed facilities capacity including foster homes, group homes, and child caring agencies totals 5,883. According to the FCRB 4,980 children were in out-of-home care on December 31, 1997. A total of 5,844 children entered out-of-home care in 1997. The average length of stay for all children in foster care is two years.

"Don, Laureal and Zachary" – David Radler, photographer

Out-of-home care is intended to improve the well being of the child on a short-term basis until family difficulties resolve or until long-term alternatives can be found. Of the 5,844 children who entered out-of-home care during 1997, 2,451 (41.9%) were entering out-of-home care for the second or more time. A total of 5,542 children left foster care in 1997. The FCRB maintains a tracking system of all children 0-18 in Nebraska who are in out-of-home care three days or longer. In 1997, the FCRB reviewed a total of 3,478 cases of out-of-home placement.

In 1997, a variety of agencies cared for children outside the home. The majority of children (1,841 or 37%) in out-of-home care are placed in foster family homes. Other frequently-used arrangements include: 668 children were placed with relatives for foster care, 560 were placed in group homes, and 529 were placed in jails and youth development centers.



POLICY

In April 1998, the Nebraska Legislature enacted the Adoption and Safe Families Act into law. This Act promotes adoption, guardianship and permanency for abused and neglected children. A child's health and safety are of paramount concern when deciding to remove or return a child to his or her home. This act provides that in certain aggravated circumstances, reasonable efforts to preserve or reunify the family are not required. The Act expands upon previous legislation by including additional grounds when a court may terminate parental rights.

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Sydney's Story

Sydney, age 19, was in foster care until he was 3-1/2 years old, when he was adopted. Sydney had a lot of behavior problems and when he was in junior high things got to the point that his parents could no longer deal with him and he was sent to Boys Town. While at Boys Town, Sydney had several disrupted foster placements before finally being terminated from Boys Town's program. After Boys Town, Sydney spent time in several different foster homes and a group home.

When Sydney was 18 years old, John, his Family Support Worker, became his foster parent and his life began to improve. Sydney says, "When you are in foster care there is not much more that you have than your foster brothers . . . you're sitting in a foster home and you know you are going to be there, don't like the foster home and don't have much reason to change, because you can't see past tomorrow. It is a lot different here because of the safety factor and because John is a lot younger. John was really there, like I told him absolutely everything I did even when I did something bad . . . because he cared." Sydney received high enough scores on the GED to get a full scholarship to college, has a job working in customer service, and plans to start Metropolitan Community College in December.

Of the 4,960 children in placement on Dec. 31, 1997, Department of Health and Human Services wards totalled 3,645. The other 1,315 children in out-of-home placement include babies in pre-adoptive settings, children involved with private agencies, children in mental health care facilities, and youth sentenced to detention, correctional, or probational facilities. A total of 218 (4.3%) of the children in out-of-home placement are in adoptive homes that are not final. According to Health and Human Services Child Welfare Fact Sheet on June 30, 1997, a total of 451 children had an established permanency objective of adoption either by a relative (231 children) or a non-relative (220). This means that approximately 9.6% of the children in out-of-home care are in need of adoptive homes at any one point in time.

Multiple Placements

Unfortunately, many children in out-of-home care experience multiple placements or moves from one home to another. These moves often mean a change in caretaker, environment, and school. Of the 3,645 children under the care of the state on Dec. 31, 1997, 938 had experienced 4-6 placements, 447 had experienced 7-9 placements, and 561 had experienced 10 or more placements.

Permanency Objectives

For more than 79.4% of the children, the permanency objective is to be returned to their family. The second most common objective is adoption by a relative at 4.9%, followed by adoption by a non-relative at 4.7%, long term foster care at 4.4% and guardianship at 2.1%.

Adoption Services

A total of 267 adoptions were completed by all agencies in Nebraska in 1997. When it is not possible to return or maintain children with their biological families, adoption is the preferred goal. A subsidy is available to remove barriers to adoption for children who are older, need to be placed with one or more siblings, are of a minority race, or those who have special behavioral, emotional or physical needs.

Race and Ethnicity

Minority children are over-represented in the HHS custody rolls. Minority children constitute 10.4% of Nebraska's children; yet, they constitute 31.9% of the state wards.

Out-of-Home Care Children by Race on December 31, 1997

Race	Percent In Care
White	**57.2%**
Black	**17.9%**
Other/Unknown	**11.1%**
Hispanic	**6.4%**
Native American	**6.2%**
Asian	**1.2%**

Impact

"Children in family foster care are more prone to psychopathology even when compared to children with similarly deprived backgrounds but no history of placement. To increase the chances of successful family reunification or successful long-term alternatives, out-of-home placements need to provide therapeutic care as well as safety."

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Lack of Foster Care Homes

A total of 1,934 foster homes were available as of June 20, 1997. At that time, 4,960 children were requiring placements ranging from foster homes and group homes to residential treatment facilities. If interested in becoming a foster parent, you may call 1-800-7PARENT for information.

Licensed/Approved Foster Care Homes

There are two types of foster care homes. Licensed foster care providers are required to have criminal background checks, child abuse registry checks, and references. This type of licensed foster care is not child specific and foster care parents may have children from more than one family. Foster parents in licensed homes are required to participate in a series of interviews and ongoing training.

"Room at the Foster Home" – Pam Berry, photographer

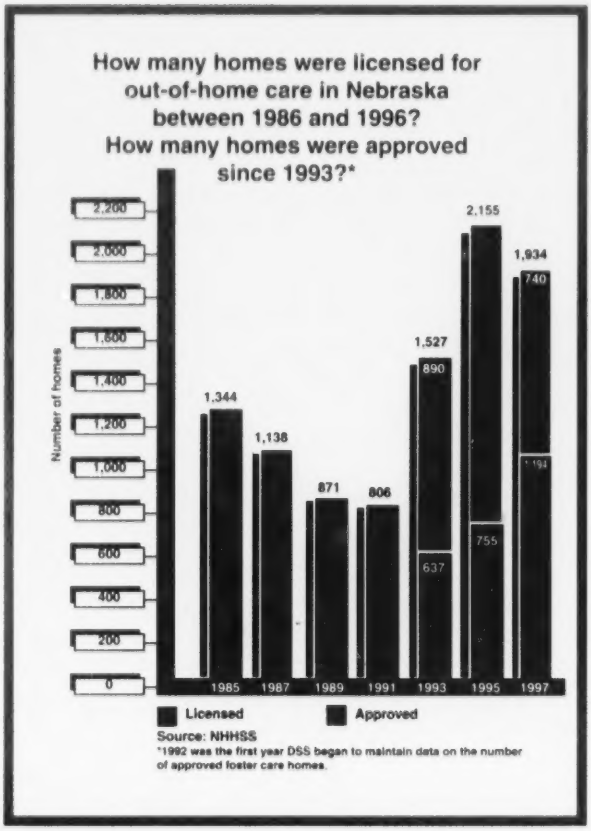
Approved foster care homes require only one home visit by NHHSS to meet all the adults living in the home, a check of criminal records and the child abuse registry. No training is required for approved foster care parents. Often these foster care families are relatives or have known the children prior to placement. Approved foster family homes are restricted to providing care for only one child or children from one family.

The number of approved foster care homes in 1997 decreased to 740 from the 1,154 approved homes that were available in 1996. Licensed foster care homes have increased slightly from 1,025 in 1996 to 1,194 in 1997.

Reasons for Entering Out-of-Home Care in 1997

Reasons for Placement	Number of children
Parent drug or alcohol abuse	803
Inadequate parenting skills	715
Neglect	643
Chronic Family Violence	585
Incorrigible behaviors of child	397
Abandonment	395
Housing Inadequate	380
Physical abuse	350
Sexual abuse	340
Developmental problems in child	304

Source: Foster Care Review Board



County Data Notes

1 TOTAL COUNTY POPULATION
Source: 1990 U.S. Census of Population and Housing, Summary Tape File 3A *(STF3A)*

2 CHILDREN 17 AND UNDER
Source: 1990 U.S. Census of Population, STF3A.

3 CHILDREN UNDER 5
Source: 1990 U.S. Census of Population, STF3A.

4 BIRTHS IN 1997
Source: Nebraska Health and Human Services System (NHHSS).

5 MINORITY CHILDREN *(Native American, Hispanic, Black, Asian, and Children of Other Race)*
Source: 1990 U.S. Census of Population, STF3A.

6 CHILDREN LIVING IN SINGLE PARENT FAMILIES *(Single Head of Household may be male or female)*
Source: 1990 U.S. Census of Population, STF3A.

7 PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES
Source: 1990 U.S. Census of Population, STF3A.

8 PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES
Source: 1990 U.S. Census of Population, STF3A.

9 PERCENT OF CHILDREN LIVING IN POVERTY
Source: 1990 U.S. Census of Population, STF3A.

10 PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY
Source: 1990 U.S. Census of Population, STF3A.

11 PERCENT OF MINORITY CHILDREN LIVING IN POVERTY
Source: 1990 U.S. Census of Population, STF3A.

12 PERCENT OF CHILDREN UNDER 6 YEARS OF AGE WHOSE MOTHERS WORK OUTSIDE THE HOME
Source: 1990 U.S. Census of Population, STF3A.

13 AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC
Source: NHHSS.

14 AVERAGE MONTHLY NUMBER OF CHILDREN ELIGIBLE TO RECEIVE MEDICAID SERVICES
Source: NHHSS.

15 NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE FOR WIC SERVICES IN 1997
Source: United States Department of Agriculture.

16 NUMBER OF WOMEN, INFANTS AND CHILDREN ENROLLED IN WIC SERVICES IN 1997
Source: NHHSS.

17 AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 1997
Source: Nebraska Department of Education.

18 AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR SUBSIDIZED SCHOOL LUNCH 1997
Source: Nebraska Department of Education.

19 NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 1997
Source: Nebraska Department of Education.

20 BIRTHS TO TEENS AGES 10 TO 17 YEARS OLD FROM 1988 TO 1997
Source: NHHSS.

21 OUT OF WEDLOCK BIRTHS FROM 1988 TO 1997
Source: NHHSS.

22 INFANT DEATHS 1988 TO 1997
Source: NHHSS.

23 DEATHS TO CHILDREN AGES 1 TO 19 FROM 1988 TO 1997
Source: NHHSS.

24 NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 1997
Source: NHHSS.

25 HIGH SCHOOL GRADUATES 1997
Source: Nebraska Department of Education.

26 SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 1996-1997
Source: Nebraska Department of Education.

27 NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 1996-1997
Source: Nebraska Department of Education.

28 COST PER PUPIL (Public Expenditures) FOR THE SCHOOL YEAR 1996-1997
Source: Nebraska Department of Education.

29 HEAD START ENROLLMENT FOR 1997
Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30 CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 1997
Source: Nebraska Foster Care Review Board.

31 REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STDS IN YEARS 1993-1997
Source: NHHSS.

32 JUVENILE ARRESTS 1997
Source: Nebraska Crime Commission and Omaha Police Department.

"My child was the main motivator to me because I thought, if I stick with this [domestic violence] relationship, I am teaching him mom accepts this behavior. His stepfather would teach him, this is the way a man treats a woman. And, that is the cycle of violence continuing. But I would look at him and think, no, if I won't do this for myself . . . I have got to get this child out of there. Because otherwise, I will have a son on my hands who will beat his loved ones and possibly his children."

Jenny Kittrell,
A mother, domestic violence survivor, and Women Against Violence crisis line worker

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COUNTY	1 TOTAL POPULATION	2 CHILDREN AGE 0-17	3 CHILDREN UNDER 5	4 1997 BIRTHS	5 MINORITY CHILDREN	6 CHILDREN WITH SINGLE PARENTS	7 % POOR w/ SINGLE PAR.	8 % POOR w/ TWO PARENTS	9 % CHILDREN IN POVERTY	10 % UNDER 5 IN POVERTY	11 % MIN. CHIL IN POVERTY	12 % UNDER 6 WORKING MOM	13 FAMILIES ON ADC	14 MEDICAID ELIG. CHILDREN	15 WIC ELIGIBLE 1997	16 1997 WIC ENROLLED
ADAMS	29625	7393	2118	372	120	1162	59	41	13	15	19	77	259	1618	1011	685
ANTELOPE	7965	2452	656	88	31	234	21	79	23	29	87	58	39	397	503	105
ARTHUR	462	114	36	3	2	0	0	100	19	28	0	33	1	7	33	8
BANNER	852	251	66	4	8	11	18	82	29	36	0	64	7	57	50	23
BLAINE	675	183	41	9	0	0	0	100	39	51	.	63	4	22	32	6
BOONE	6667	1943	534	86	16	107	15	85	16	20	63	70	29	286	393	136
BOX BUTTE	13130	4172	1098	169	413	713	58	42	14	18	46	60	112	777	523	383
BOYD	2835	765	175	26	7	50	11	89	29	32	71	52	12	81	145	53
BROWN	3657	993	256	33	10	127	21	79	23	33	0	65	7	200	197	90
BUFFALO	37447	9641	2707	568	464	1226	50	50	12	14	25	78	284	1883	1124	851
BURT	7868	2096	518	69	80	234	33	67	21	23	56	66	40	317	378	102
BUTLER	8601	2391	605	122	40	258	39	61	11	15	13	70	20	288	282	103
CASS	21318	6128	1687	333	161	729	35	65	8	13	18	69	172	1111	941	296
CEDAR	10131	3146	844	121	6	134	13	87	14	11	0	73	21	242	445	121
CHASE	4381	1259	329	57	52	163	28	72	14	19	70	53	18	183	248	87
CHERRY	6307	1807	515	76	174	188	20	80	34	47	69	61	33	386	466	183
CHEYENNE	9494	2621	719	131	166	485	54	46	13	21	43	81	55	513	390	143
CLAY	7123	1943	473	67	54	200	40	60	13	13	59	69	38	392	266	107
COLFAX	9139	2542	722	140	112	211	18	82	11	15	7	68	39	317	337	272
CUMING	10117	2844	728	145	34	241	19	81	11	10	0	74	53	364	398	209
CUSTER	12270	3308	841	129	95	338	31	69	17	21	61	73	71	673	456	266
DAKOTA	16742	5046	1414	354	723	859	55	45	15	19	28	73	154	1226	733	571
DAWES	9021	2311	577	86	194	399	57	43	22	36	77	71	92	590	408	226
DAWSON	19940	5546	1385	427	350	670	48	52	13	20	13	70	185	1819	931	1074
DEUEL	2237	602	137	20	73	78	42	58	17	31	62	59	5	53	131	25
DIXON	6143	1727	458	74	14	155	23	77	16	18	29	79	19	187	282	90
DODGE	34500	8992	2376	421	231	1189	51	49	10	14	35	75	207	1479	1202	715
DOUGLAS	416444	112059	33192	7122	23129	25497	78	22	15	20	41	71	6213	29168	14788	8187
DUNDY	2582	658	130	22	10	63	34	66	10	5	10	75	8	69	55	35
FILLMORE	7103	1877	487	78	15	141	23	77	9	9	55	65	28	249	213	103
FRANKLIN	3938	919	258	34	20	73	13	87	14	5	35	62	13	133	138	34
FRONTIER	3101	875	196	26	17	93	16	84	22	22	29	76	10	107	165	42
FURNAS	5553	1350	287	62	45	101	27	73	15	21	53	57	24	235	188	137
GAGE	22794	5537	1520	258	111	855	42	58	17	23	7	81	122	932	828	328
GARDEN	2460	574	159	14	6	69	38	62	24	22	0	84	7	119	88	28
GARFIELD	2141	553	135	24	2	49	23	77	22	16	0	73	11	92	94	58
GOSPER	1928	476	104	21	0	36	31	69	11	17	.	71	0	25	71	34
GRANT	769	228	64	7	3	32	58	42	16	23	0	64	3	33	41	27
GREELEY	3006	933	209	36	8	102	36	64	15	19	0	79	12	117	132	90
HALL	48925	13960	3851	834	1251	2059	52	48	14	19	36	76	582	3602	1854	1663
HAMILTON	8862	2598	678	110	99	216	19	81	11	11	25	75	36	286	305	146
HARLAN	3810	941	244	35	0	71	26	74	15	19	.	70	11	141	163	34
HAYES	1222	331	91	3	0	9	5	95	23	42	..	54	3	23	69	12

HITCHCOCK	3750	1075	252	36	22	73	18	82	19	16	0	68	16	175	154	70
HOLT	12599	3818	1057	138	23	298	16	84	17	22	0	65	54	630	665	328
HOOKER	793	198	49	10	4	24	65	35	13	8	0	78	5	39	23	16
HOWARD	6055	1709	431	74	36	144	29	71	16	20	12	71	21	201	247	137
JEFFERSON	8759	2146	567	70	51	162	42	58	10	8	41	73	44	334	273	104
JOHNSON	4673	1140	267	59	41	142	36	64	15	15	20	79	26	159	139	64
KEARNEY	6629	1774	506	76	20	216	30	70	14	21	32	69	21	203	293	69
KEITH	8584	2386	611	102	242	337	31	69	12	13	34	75	39	359	360	192
KEYA PAHA	1029	270	50	10	0	21	18	82	35	34	.	45	2	53	47	15
KIMBALL	4108	1125	283	35	113	195	50	50	14	12	23	57	13	136	157	48
KNOX	9534	2498	607	127	209	232	20	80	26	27	60	74	87	541	395	146
LANCASTER	213641	50912	15112	3223	3957	8605	62	38	10	14	36	75	1617	9897	5420	4004
LINCOLN	32508	9353	2383	431	821	1626	59	41	16	23	47	58	348	2107	1221	872
LOGAN	878	292	71	9	4	15	21	79	18	20	0	64	3	28	47	10
LOUP	683	188	49	7	2	10	17	83	13	0	100	57	1	30	35	13
MADISON	32655	9389	2663	572	445	1269	54	46	10	10	23	78	244	1817	1090	853
McPHERSON	546	161	40	4	0	9	10	90	58	43	.	74	0	15	30	7
MERRICK	8042	2263	576	97	34	199	37	63	14	18	0	65	21	228	398	195
MORRILL	5423	1511	394	56	176	126	21	79	20	26	48	54	44	346	244	147
NANCE	4275	1220	335	42	39	76	19	81	16	22	26	77	17	155	204	88
NEMAHA	7980	1950	511	70	28	182	36	64	12	18	56	54	64	348	264	89
NUCKOLLS	5786	1509	343	45	9	135	20	80	18	26	22	71	25	188	212	101
OTOE	14252	3681	951	175	101	349	26	74	14	19	42	72	76	523	483	186
PAWNEE	3317	778	213	25	22	108	19	81	16	17	0	66	12	106	157	33
PERKINS	3367	1000	226	21	17	74	17	83	21	15	24	61	9	79	96	26
PHELPS	9715	2619	705	125	109	361	42	58	12	21	33	86	46	382	347	163
PIERCE	7827	2297	619	94	49	204	32	68	12	14	20	68	26	301	338	103
PLATTE	29820	9277	2579	454	228	875	37	63	11	12	10	75	139	1380	1191	571
POLK	5675	1541	344	57	8	119	14	86	11	9	43	75	13	153	131	48
RED WILLOW	11705	3136	838	145	113	492	43	57	16	20	11	72	71	666	493	288
RICHARDSON	9937	2539	695	84	54	232	43	57	13	19	6	66	63	535	431	185
ROCK	2019	588	144	16	0	99	35	65	23	35	.	52	5	70	110	37
SALINE	12715	3135	827	138	65	297	35	65	12	13	37	80	39	420	290	243
SARPY	102583	32992	9536	1961	3991	3728	51	49	6	7	9	67	380	2412	3341	1424
SAUNDERS	18285	5186	1365	242	87	463	28	72	12	14	10	71	62	624	765	191
SCOTTS BLUFF	36025	10110	2561	488	2682	2095	50	50	22	32	43	63	641	3369	1879	998
SEWARD	15450	4073	1069	173	92	416	45	55	12	14	42	75	47	406	453	174
SHERIDAN	6750	1897	405	61	253	288	35	65	26	33	58	58	64	506	335	146
SHERMAN	3718	1052	242	32	12	88	15	85	20	19	50	70	8	112	193	59
SIOUX	1549	409	100	8	24	43	21	79	26	26	43	65	2	9	96	5
STANTON	6244	2077	572	96	19	191	32	68	16	22	53	58	14	192	356	58
THAYER	6635	1647	382	59	54	180	29	71	17	27	50	79	34	260	303	77
THOMAS	851	266	52	10	16	58	28	72	28	38	50	73	2	31	38	22
THURSTON	6936	2428	757	150	1464	686	64	36	42	49	61	65	329	1219	664	45
VALLEY	5169	1290	322	50	5	117	48	52	13	23	0	75	19	200	251	120
WASHINGTON	16607	4613	1063	206	73	436	33	67	5	9	40	72	49	407	453	157
WAYNE	9364	2248	642	102	39	227	27	73	15	17	20	70	39	242	326	103
WEBSTER	4279	1012	263	39	19	80	26	74	15	17	32	70	12	130	140	65
WHEELER	948	311	89	12	2	12	2	98	18	29	0	43	0	33	55	26
YORK	14428	4013	1143	181	83	344	24	76	7	11	27	67	45	562	431	272
STATEWIDE	1578385	429187	175353	23313	44303	66385	53	48	14	17	37	71	14017	84117	57561	31281

COUNTY	17 FREE/SUBSID. BREAKFAST '97	18 FREE/SUBSID. SCHOOL LUNCH	19 SUMMER FOOD PROGRAM	20 TEEN BIRTHS 10-17, '88-'97	21 OUT WEDLOCK BIRTHS '88-'97	22 INFANT DEATHS '88-'97	23 1-19 DEATHS '88-'97	24 LOW BIRTH WEIGHT 1997	25 GRADUATES '96-'97	26 DROPOUTS '96-'97	27 SPECIAL ED. '96-'97	28 COST PER PUPIL '96-'97	29 HEAD START 1997	30 FOSTER CARE 1997	31 STDs 19 & UNDER 1993-1997	32 JUVENILE ARRESTS
ADAMS	227	993	217	120	861	34	39	22	353	82	788	5373	105	123	68	255
ANTELOPE	30	490	0	16	117	3	11	4	124	5	141	5680	20	10	3	9
ARTHUR	0	0	0	0	4	0	1	0	10	0	11	8857	0	0	0	0
BANNER	0	67	0	2	8	1	3	0	17	3	19	6580	0	0	0	0
BLAINE	0	67	0	2	5	0	1	0	17	1	11	7845	0	1	0	0
BOONE	145	418	0	19	103	4	6	7	113	6	179	5694	20	5	8	5
BOX BUTTE	0	514	52	95	467	17	17	12	230	27	331	4911	50	32	17	269
BOYD	0	194	0	14	42	3	5	3	56	1	103	6319	0	0	0	15
BROWN	0	124	0	19	56	2	5	1	44	5	68	5876	16	6	0	9
BUFFALO	575	1574	709	157	1030	42	33	36	465	71	1119	4961	81	77	151	442
BURT	87	337	0	24	165	5	10	5	111	14	249	5299	20	9	2	79
BUTLER	57	269	0	30	137	6	7	5	135	13	210	5871	18	18	7	82
CASS	198	700	200	98	584	33	30	24	242	38	573	5354	103	22	39	186
CEDAR	68	733	0	10	128	11	16	9	155	4	222	5489	20	11	1	61
CHASE	0	262	0	23	73	5	5	3	92	8	150	6125	0	1	2	19
CHERRY	68	328	0	26	128	3	5	8	77	9	102	5603	38	6	1	54
CHEYENNE	168	547	232	48	273	6	10	6	126	17	287	6040	43	45	6	101
CLAY	0	347	0	21	117	8	14	6	118	12	298	6602	20	30	13	62
COLFAX	0	558	0	44	263	11	15	7	152	33	257	4841	20	16	27	124
CUMING	60	604	0	28	184	6	18	8	149	3	289	5273	17	18	5	42
CUSTER	55	599	0	39	217	12	16	10	179	7	234	5852	18	26	4	84
DAKOTA	317	968	427	150	927	36	16	20	195	55	479	4490	60	52	90	232
DAWES	71	277	0	33	267	9	6	3	186	90	290	5888	60	9	53	48
DAWSON	52	1243	0	177	997	41	29	26	308	72	623	5025	69	97	42	362
DEUEL	0	147	0	8	49	2	1	0	37	1	53	7719	34	2	0	15
DIXON	39	197	0	28	135	8	11	5	65	3	96	5512	0	5	7	37
DODGE	168	1511	0	141	961	40	32	38	467	80	1038	5267	125	154	74	287
DOUGLAS	8888	17565	136	3007	21220	607	481	557	4843	1573	10965	5395	814	1638	5275	5691
DUNDY	11	101	0	5	33	1	5	1	27	2	61	7192	0	0	0	5
FILLMORE	167	353	0	19	105	6	3	2	95	3	216	6693	18	6	38	17
FRANKLIN	0	183	0	11	43	1	6	2	40	0	95	6926	0	5	2	3
FRONTIER	44	263	0	7	38	1	1	2	41	0	138	6657	0	0	3	0
FURNAS	73	339	0	18	81	6	4	4	103	8	184	6834	0	3	1	33
GAGE	184	677	0	110	480	23	33	10	206	51	574	5361	58	16	51	279
GARDEN	0	149	0	5	27	1	1	1	18	3	41	8226	12	9	1	18
GARFIELD	0	88	0	5	26	4	4	4	34	0	59	5815	17	6	0	4
GOSPER	25	72	0	4	29	1	1	0	17	1	54	6178	0	3	2	14
GRANT	0	67	0	1	5	1	2	0	14	0	20	7371	0	0	0	2
GREELEY	63	345	0	9	68	0	9	1	71	1	85	6772	18	7	1	1
HALL	649	2207	0	388	2177	66	62	57	687	183	1584	4994	153	204	180	1414
HAMILTON	10	308	0	30	143	8	12	7	111	9	245	5497	20	18	10	84
HARLAN	21	75	0	9	54	2	4	3	31	2	46	5523	0	3	2	33
HAYES	0	63	0	3	9	0	2	0	18	0	18	8560	0	0	0	0

HITCHCOCK	14	144	0	19	59	3	3	1	55	6	81	7059	0	3	1	10
HOLT	20	570	0	36	207	9	23	12	181	16	249	5623	47	52	14	62
HOOKER	0	50	0	1	7	0	0	0	23	1	25	6535	0	0	0	1
HOWARD	121	503	0	25	125	10	12	4	111	7	299	5301	20	21	7	4
JEFFERSON	106	477	0	29	124	12	6	6	163	14	305	5884	20	16	15	91
JOHNSON	0	274	0	11	74	6	5	6	89	9	183	6006	0	2	8	4
KEARNEY	14	241	0	11	114	9	20	6	98	8	202	5999	35	12	8	26
KEITH	12	327	0	55	204	8	5	2	117	29	230	5471	18	26	8	86
KEYA PAHA	0	50	0	0	5	1	1	0	18	1	11	6117	0	0	0	7
KIMBALL	72	186	0	16	80	3	4	1	51	5	90	5946	18	25	6	21
KNOX	166	823	4206	39	220	9	15	5	167	8	282	6086	20	12	8	47
LANCASTER	1924	6802	45	933	6486	247	183	242	2254	436	5394	5797	372	566	1915	3982
LINCOLN	293	1345	794	193	1091	49	42	38	460	74	1037	5375	36	153	40	292
LOGAN	25	63	0	1	7	1	3	0	20	1	25	7206	0	0	0	4
LOUP	0	70	0	1	8	0	1	0	11	1	23	8365	0	0	0	0
MADISON	44	1397	0	172	1163	48	52	41	505	114	844	4852	50	89	129	428
McPHERSON	0	0	0	1	1	0	1	0	9	0	6	6628	0	0	0	0
MERRICK	20	341	0	29	162	6	18	5	114	11	242	5995	20	5	8	38
MORRILL	122	409	327	29	140	5	14	4	82	3	113	5761	30	13	6	34
NANCE	0	265	110	15	78	6	4	3	59	4	109	5186	17	3	4	8
NEMAHA	0	275	0	16	147	8	12	5	84	7	148	5876	34	6	14	40
NUCKOLLS	19	249	0	15	70	2	5	4	76	1	152	6447	20	13	1	4
OTOE	11	437	0	75	348	13	13	14	193	41	420	5146	34	11	12	186
PAWNEE	39	197	0	8	24	4	5	1	48	3	102	6363	0	3	8	0
PERKINS	0	140	0	6	36	0	7	2	60	3	72	7036	0	3	0	23
PHELPS	67	320	0	40	173	8	15	4	129	4	371	5742	15	24	6	64
PIERCE	95	380	0	25	131	11	12	6	135	4	204	5062	0	13	7	36
PLATTE	174	1118	0	126	802	36	44	25	398	67	748	5031	74	42	38	476
POLK	0	242	0	15	79	5	5	1	79	2	159	6418	10	7	8	5
RED WILLOW	100	508	0	45	297	14	16	10	158	33	411	5937	18	19	19	240
RICHARDSON	69	573	0	33	232	5	8	6	113	14	262	5597	62	17	2	73
ROCK	0	106	0	3	23	1	5	1	34	0	40	6327	0	4	0	27
SALINE	61	475	0	29	215	12	15	5	197	20	352	5076	20	11	31	179
SARPY	294	2202	0	376	2533	135	122	152	1293	197	2348	4997	108	364	358	1893
SAUNDERS	67	677	0	56	318	10	13	15	250	26	462	5481	44	30	28	148
SCOTTS BLUFF	466	1966	133	347	1770	40	47	19	449	91	899	4869	202	118	145	476
SEWARD	23	513	0	31	226	5	19	12	225	34	420	5631	20	30	15	128
SHERIDAN	66	356	0	33	236	10	11	3	87	8	154	5197	40	16	17	111
SHERMAN	17	187	0	19	93	2	7	0	50	7	73	6348	20	17	1	7
SIOUX	0	0	0	2	11	2	3	0	17	0	16	8860	0	0	0	5
STANTON	0	132	0	27	139	2	6	7	41	6	64	5222	20	3	7	66
THAYER	0	274	0	9	80	1	8	2	89	5	152	7008	20	3	3	49
THOMAS	0	49	0	0	12	0	0	0	17	0	20	7804	0	0	0	2
THURSTON	352	986	421	116	948	22	15	10	106	40	437	6091	20	11	107	8
VALLEY	0	223	0	18	85	2	10	6	74	6	100	5929	20	7	9	27
WASHINGTON	11	430	0	33	273	13	18	11	226	32	439	4893	0	8	34	183
WAYNE	25	313	0	19	155	7	9	5	110	6	179	5149	20	6	51	61
WEBSTER	0	154	0	12	51	1	3	1	74	3	128	5971	15	3	0	13
WHEELER	18	62	0	2	9	1	0	1	20	1	16	8442	0	1	0	0
YORK	69	413	0	27	315	14	13	16	224	19	405	6224	47	34	14	302
STATEWIDE	17516	65217	8009	8182	53022	1894	1870	1639	20222	3924	42108	6061	3653	4515	9298	20454

Methodology, Data Sources and Definitions

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data was obtained from the state agency with primary responsibility and from reports of the U.S. Bureau of Census and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 1990 U.S. Census of Population and Housing (STF3A).

Race - Race/Hispanic identification – Throughout this report, race is reported based on definitions used by the U.S. Bureau of Census. The census requests adult household members to specify the race for each household member including children. The racial categories provided are White, Black, American Indian/ Eskimo/Aleut, Asian/Pacific Islander, and Other Race. These racial categories are mutually exclusive; all persons are expected to respond with a single category. The census treats Hispanic origin as a separate category and Hispanics may be of any race. In Nebraska, the great majority of Hispanic householders classify themselves as of either White or Other Race.

Rate - Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for the 1998 Report - The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the *Kids Count in Nebraska* project consultants and advisors, and the national *Kids Count* indicators.

INDICATORS OF CHILD WELL-BEING

Child Abuse And Neglect/ Domestic Violence

Data Sources: Data was provided by the Nebraska Health and Human Services System (NHHSS), and the Nebraska Domestic Violence/Sexual Assault Coalition. Data regarding hospital discharges was provided by Data Management, NHHSS. Abuse fatalities data was provided by vital statistics.

Neglect - Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case - A case has been reviewed and an official office or court has determined that credible evidence of child abuse and/or neglect exists. Cases are reviewed by NHHSS and/or an appropriate court of law.

Agency Substantiated Case - NHHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not to have occurred.

Court Substantiated Case - A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter - Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

Early Care And Education

Data sources: Parents in the workforce data was taken from the U.S. Census of Population and Housing, 1990. Data concerning child care subsidies and licensed childcare was provided by NHHSS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education web site for Early Childhood.

Child Care Subsidy - NHHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below 185% of poverty. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed Child Care - State statute requires NHHSS to license all child care providers who care for four or more children for more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center Based Care - Day care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I - Provider of child care in a home to between four and eight children from families other than providers at any one time. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II - Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start - The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start – early childhood education.

Economic Well-Being

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support collections was provided by NHHSS. Data concerning divorce and involved children was taken from Vital Statistics provided by NHHSS. Data enumerating the number of children in low income families and cost burden for housing was taken from the 1990 Census of Population and Housing, STF3A. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

Education

Data Sources: Data on high school completion, high school graduates, secondary school drop-outs, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education. Achievement scores were provided by the state consultant on accreditation and school improvement.

Behavioral Disorder - An inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to

build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children with schizophrenia. The term does not include children with social maladjustment unless determined to have behavioral disorders.

Dropouts - A dropout is an individual who: A) was enrolled in school at some time during the previous year, or B) was not enrolled at the beginning of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, or state-or district-approved educational program, 2) temporary absence due to suspension or school-approved illness, or 3) death.

High School Completion - The high school completion rate is a comparison of the number of children starting high school and the number graduating four years later. This comparison does not account for transfers in and out, deaths, or temporary absences.

Expulsion - Exclusion from attendance in all schools within the system in accordance with section 79-4, 196. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters.

Special Education - Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. May include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy, and psychological services.

Health: Physical And Behavioral

Data Sources: Data for Medicaid participants was provided by NHHSS. Data related to pertussis, immunizations, STDs, and blood lead levels was provided by the NHHSS. Data related to infant mortality, child mortality, and births is based on NHHSS 1997 Vital Statistics Report. Data related to adolescent risk behaviors, sexual behaviors, and use of alcohol, tobacco, and other drugs are taken from the 1997 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries was provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by NHHSS.

Prenatal Care - Data on prenatal care is reported by the mother and on birth certificates.

Low Birth Weight - A child weighing less than 2,500 grams or approximately 5.5 pounds at birth.

Juvenile Justice

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Crime Commission. Data concerning juveniles currently confined or on parole and youth committed to YRTC programs was provided by the NHHSS, Office of Juvenile Services. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Arrests, Part I Offenses - There are two categories of serious crimes: violent crimes and crimes against property. Violent crimes include the following: murder/manslaughter, death by negligence, forcible rape, robbery, and felony assault. Crimes against property include: burglary, larceny-theft, motor vehicle theft, and arson.

Arrests, Part II Offenses - The following crimes are included: misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution and commercialized vice, sex offenses, drug offenses, gambling, offenses against family, driving under the influence, liquor offenses, disorderly conduct, vagrancy, curfew and loitering law violations, and runaways.

Juvenile Detention - Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the communities protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) - A long term staff-secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

Nutrition

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program was provided by NHHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

Out-of-Home Care

Data Sources: Data was provided by NHHSS and the Foster Care Review Board.

Approved Foster Care Homes - NHHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes has been maintained by NHHSS since 1992. Often these homes are the homes of relatives.

Licensed Foster Care Homes - Must meet the requirements of the NHHSS. Licenses are reviewed for renewal every two years.

Out-of-Home Care - Out-of-home care is a 24 hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, receives a legal guardian, or reaches the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings, and independent living.

"The idea is about making people feel better about themselves, to motivate them to help themselves."

Virgie Davenport
Together, Inc.

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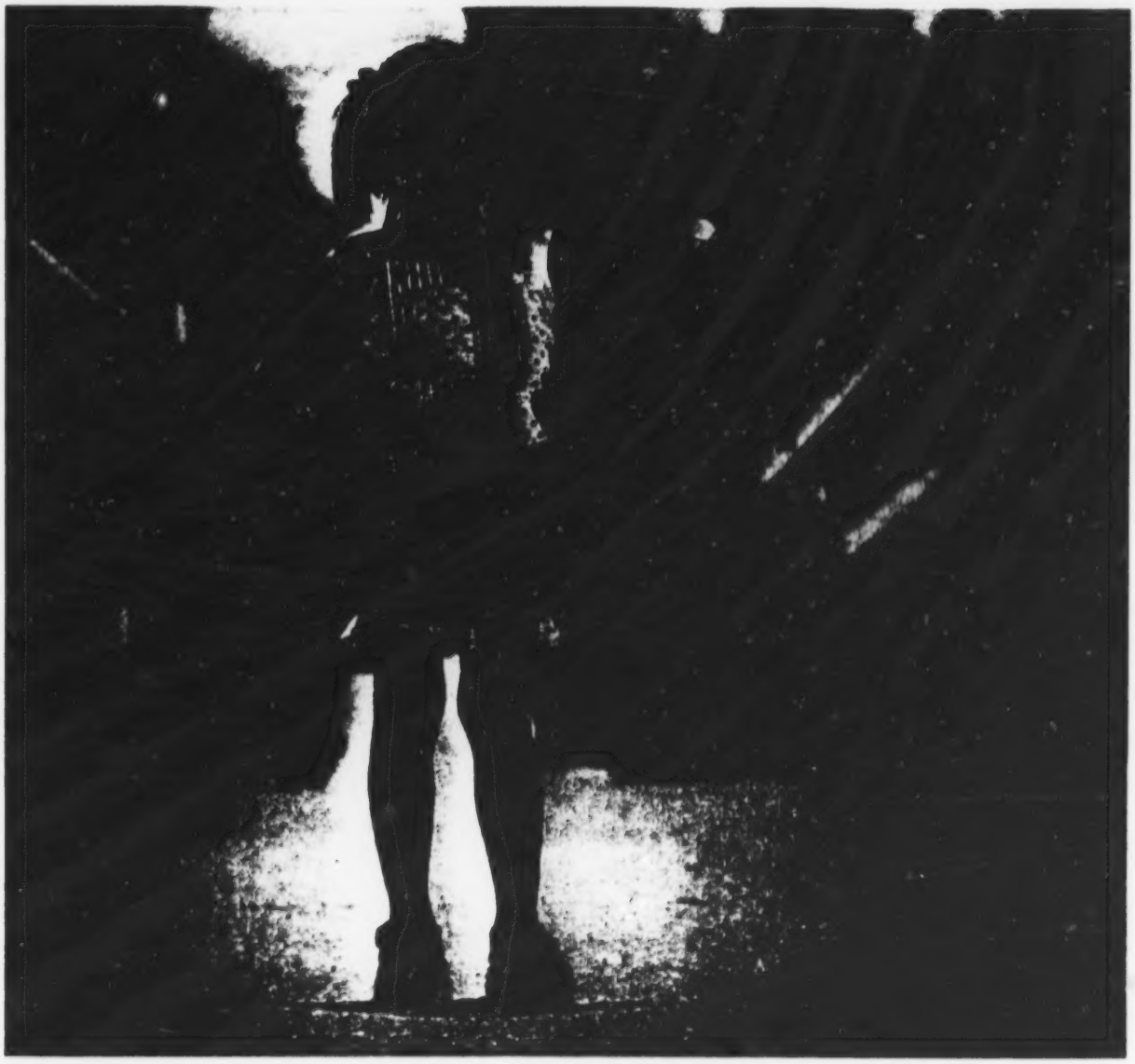
**This was the Panel of Advisors during 1998. Based on the appointments of a new administration, changes are being made for 1999.*



Yvonne, age 5 – David Radler, photographer

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"'It takes a village' means doing what it takes to help families and children out."

Karren McKeag
Lothrop Primary School